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## CLINICAL LECTURE.

### OPHTHALMIC CLINIC OF THE JEF- FERSON MEDICAL COLLEGE HOSPITAL.

SERVICE OF DR. WILLIAM THOMSON.

[Reported by George F. Sowers, M.D.]

We are about to enter upon the consideration of an operation, which, while it has formed the topic of thought and the subject of lectures and writings of most of the leading ophthalmologists of the world is yet, in certain of its phases, an unsettled matter. Periodically, especially for the past forty years, operators attempt to strike out in new directions in regard to it, and just at this time the procedure seems to be passing through a transitional stage once more. If we take up the books of half a century ago, we find that a method of operation was pursued that has almost been relegated to oblivion. At that day we discover, that, while enucleation or excision of senile cataract was sometimes practiced, yet the adherents of the operation by displacement of the lens were largely in the majority, men of prominence of that day taught and wrote of this method as eminently right. Bretonneau, Velpeau, Malgaigne, Bell, Sichel, Pancoast, Lawrence and Smith, names which to-day seem far distant to us, all advocated and practiced it, and claimed to obtain for that time, very excellent results. We find that one of this distinguished number gave directions for the performance of the operation about as follows: The patient lying down or being seated the surgeon stood either in front or behind him, so that he could always use his right hand; the needle was introduced through the sclerotica, about two lines behind the cornea, and was then directed so as to pierce the posterior and inferior

part of the lens; the capsule divided, and then the needle being passed above the lens with its concavity looking downward, a simple movement of depression sufficed to cause the descent of the lens into the vitreous humor; laceration of the cells of the hyaloid before depressing the lens being also advocated. Extraction, pure and simple, was especially advocated for cases of well ascertained hard cataract, particularly when occurring in very prominent eyes, and if under the care of men possessing marked digital dexterity. In that day one of the principal duties of the assistant consisted in properly raising and retaining the upper lid *in situ*, commonly with his fingers or occasionally with a crude form of speculum, great care being taken to make no pressure upon the eye-ball; in fact one of Velpeau's aids is chargeable with having, by undue pressure, entirely evacuated the contents of an eye-ball. The method of extraction fifty years ago was, in most respects, the counterpart of that of to-day. The corneal incision was, however, of greater extent and made in one of three different directions; the favorite method was one by which the knife made section of the upper half of the cornea; in favor of the procedure was the fact that the aqueous humor did not escape as readily as by either of the other two styles of operation, in one of which the knife made an exterior lateral flap of the cornea, whilst in the third form the cornea was separated from the sclerotic at its lower border, this latter section being the least favored on the score that prolapse of the iris into the wound was much more liable to occur. In considering the operation of to-day we have unfortunately to recognize the fact that there is a constant desire on the part of many operators to needlessly modify the method of removal of the cataractic lens. I must place myself decidedly in the category of those who oppose

what would seem to be the coming or rather resurrecting doctrine, namely, the non-performance of an iridectomy as an essential element in the conduct of the case. Liebricht has attempted a modification of the proceeding which I do not feel is at all warranted; in his method of operating a very large corneal wound is made. We all recognize the circumstance that the cornea is a tissue of comparatively low vitality, or that at least its nourishment is not such as to warrant any extensive interference with its supply; this being an admitted fact by all, it does not seem reasonable to make an extensive flap operation for the purpose of allowing the ready escape of the lens. One of the most serious objections to such a section of the cornea, aside from that already advanced, is the increased tendency which such a large wound has to gap. This large flap plan, it is claimed, allows the escape of the lens without the necessity of an iridectomy, thus preserving the natural shape, symmetry and mobility of the iris, and it is the requirement or non-requirement of this latter operation which is the latest cause of contention among ophthalmic surgeons. My experience in this hospital, where I have performed on an average from twenty-five to thirty cataract extractions a year, in all of which iridectomy was performed, has led me to the conclusion that the best results obtainable are secured by this method. In institutions especially devoted to the treatment of the eye, where trained assistants are constantly at hand to carefully look after the cases, it may be that cases of non-iridectomy do well, or fairly well; but I am satisfied that in those cases which receive but the care of the ordinary general hospital, or the even less trained care of private practice, iridectomy should be one of the integral portions of the operation. In the years from 1881 up to the present day, under full anti-septic precautions, but two of our cases have failed to make a good and thoroughly satisfactory recovery; one of these cases, however, may clearly be placed in the category of accidents after operation, extensive hemorrhages in the eye having been induced by the patient striking his head against an iron pillar, while attempting to walk around the ward before the bandages had been removed from his eyes. The operation of von Graefe was evolved by that celebrated oculist in order to avoid hernia of the iris, and also to give greater light passage in case of complications due to iritic adhesions and pupillary occlusions subsequent to the immediate operation. My experience has taught me that even with a large coloboma a certain number

of bands of organized lymph may be formed and interfere to a greater or less extent with the acuity of vision, as well as the appearance of the eye. If this be so with an iridectomy having been performed and thus all the chances of success on the operator's side, how much more liable to an unfortunate issue must be an eye left, in a greater or less degree, to the tender mercies of an iritis? Granting that, as happens at times, adhesive bands are thrown across the pupillary area after operation with iridectomy, it is but a simple matter to introduce a fine needle knife, and turning its cutting edge against the prominent edge of the bands cut them through and allow them to roll out of the line of vision or be absorbed. Very recently I have done this operation on one of our hospital cases where bands interlaced in many different directions, with the happiest results. Where innovations in eye-surgery are manifestly beneficial, I am in hearty accord with the progress of the profession; but I must admit myself conservative where, as in this procedure, I do not feel satisfied of the utility of the method. Personally, I prefer the von Graefe operation, or a slight modification of it. My knife, having a very narrow blade, being entered a little to the outside of the sclero-corneal junction, is directed slightly downward till I have made my puncture, this being at about the upper fourth of the cornea; then the instrument is carried directly across to a corresponding point on the opposite side, for its exit. The knife is now carried upward till about one millimeter from the superior juncture of the sclera and cornea, when the cut is changed in direction to one upward and slightly outward, the knife thus making its exit just at the point of union of the sclerotic and cornea. In most cases a portion of the iris at once falls into the wound, where it is caught by an iridectomy forceps and a portion excised. A crucial incision of the capsule of the lens is then made and the lens at once, by slight pressure from below upwards and a little backwards, makes its exit. All lens detritus viewable is delicately manipulated and removed, after which the following wash is instilled in the eye:

B. Hydrarg. biniod.....	gr. j
Potass. iod. .....	gr. x
Aq. rose.....	ij

Ten drops of this solution is added to one ounce of water and the eye washed carefully.

This makes, for ophthalmic purposes, one of the most satisfactory of germicides. A few drops of a four grain solution of atropia having been placed in the eye, a light absorbent cotton-dressing is made and held in place

by a bandage terminating back of the eye, generally consisting of a fine ribbon. Frequently use strapping over the eye, over the stilled manner of a pin. It is not for days, excellent sequent the next hospital report weeks. In the of which may be much few weeks clinic eye, themselves coming eye will be abscessed very was a find in treatment support thorax of two For employment calomen been leucoc here eyes, and when plain employ

by a bandage extending over both eyes, and terminating in strings or ribbons tied at the back of the head. I may add, that I generally employ a bandage which is knitted out of a fine brown yarn, the width being about three inches, the length, exclusive of the ribbons for tying, about six or seven inches. Frequently, instead of the cotton-dressing, I use strips of surgeon's silk adhesive plaster over the closed lid, the bandage being placed over these. A few drops of atropia are instilled every day, by simply lifting the corner of the bandage and introducing the point of a pipette beneath the lid; as a rule the eye is not examined particularly for three or four days, when it is generally found in very excellent condition. About one month subsequent to the operation glasses are fitted for the near and far point; the cases remain in hospital about ten days, though advised to report occasionally for inspection every few weeks for two or three months.

In the case before us we have an example of what a penetrating blow of the cornea may produce; the young man's eye is in a much more favorable condition than it was a few weeks ago when he first applied to this clinic for relief. Having been struck on the eye, the patient did practically nothing for himself for four or five days; then, becoming alarmed, he applied here. The eye was injected, angry looking and painful; the cornea was hazy and tending to abscess and slough; altogether the case looked very unfavorable. The condition present was almost identical with what we would find in a cellulitis due to erysipelas. The treatment consisted in tapping the minute suppurating points and in keeping the eye thoroughly under the influence of a solution of two grains of eserine to an ounce of water. For what little haziness remains, we shall employ dustings of the cornea with levigated calomel. The sub-carbonate of bismuth has been also suggested for the removal of these leucomatous conditions; but our experience here has been that in some, and nearly all eyes, there is more or less a sense of irritation and grittiness experienced by the patient when bismuth is used, whereas no complaint is made when the mercury salt is employed.



—Dr. William H. Welch will deliver the Cartwright Lectures for 1888, before the Alumni Association of the College of Physicians and Surgeons, New York, April 5 and 12, at 8.30 P.M. His subject will be "General Pathology of Fever."

## COMMUNICATIONS.

### SEX AND CONSUMPTION.

BY THOS. S. SOZINSKEY, M.D., PH.D.,  
PHILADELPHIA.

"Our method of discovering the sciences," says Bacon, in the *Novum Organum*, "is such as to leave little to the acuteness and strength of wit." It is to be feared that Bacon's method is not always followed by medical men; it must be obvious to the more critical that in their productions there is very often strong evidence of too much "acuteness and strength of wit." Now, in scarcely any branch of medicine are these qualities more frequently apparent than in that of statistical medical studies; and in no other is the perversion of the inductive method of study more objectionable. Medical statistics may be in themselves more or less defective, but such as they are, they should be studied according to the method of science and for the sole purpose of the discovery of truth.

These remarks, and those following, have been in part suggested by certain statements appearing and reappearing in the journals of the day in regard to the relation of sex to the occurrence of consumption of the lungs. It seems to me that the vast collections of mortality statistics at our disposal should throw a fair amount of light on this subject. It is not a very complex matter. The question is: Do more males than females become affected with consumption? It being a disease which sooner or later proves fatal, the number of deaths would seem at first view to indicate the number of cases. This, however, is not so; for many persons affected with consumption are cut off by intercurrent diseases. Just how large the proportion of those dying in this way may be there is no means for determining, but it is, doubtless, very considerable. And it is safe to say that the proportion is far greater in the young than in the comparatively old; for the reasons that the young are greatly in the majority, and the tendency to such disease is stronger in early than in later life. It would be idle to argue that sex *per se* is accountable for the greater or lesser mortality of men or women from consumption. No doubt sex has something to do with it; for the two sexes differ in strength and otherwise. The mode of life is probably of more significance than the sex. The two are not similarly exposed to influences of the various kinds affecting health. The life of the young woman is apt to be less hygienic than that of

the young man. Among persons no longer young a reverse statement is probably true. Mature men do not as a rule live as healthfully as mature women. Apart from necessary exposure in the struggle for existence, a large proportion of men ruin themselves by dissipation of one kind or another, break themselves down and bring on diseases, consumption being a common one.

The mortality statistics available for the determination of the question of the greater prevalence of consumption in one or the other sex, are generally only those of large communities. The number of applicants for treatment at a dispensary, or the number of inmates of a hospital for chest diseases, or the number of cases a particular physician may have treated, is a poor basis for even an estimate. Women, and especially the young women, are more likely to be treated exclusively at home than men. Then, even the general mortality statistics, if taken in the aggregate, are not likely to indicate very much on the subject in question. The whole number of deaths of men and of women from consumption of the lungs may be equal, and yet it would not follow that the two sexes are equally prone to the disease. This is obvious from preceding statements. It is well to bear in mind that in some communities the number of persons of either sex is not the same. In some of our Eastern States women are considerably in the majority; and hence, other things being equal, one would expect more deaths of women than of men. With correct statistics it is well to study the proportion or ratio of the deaths according to sex, to the population of either sex. The census statistics of the United States being very incomplete, do not enable one to gain a knowledge of the proportion of deaths to the population.

The age of the victims of consumption should be considered; and herein mortality statistics are often defective. In this respect the statistics of our great cities are very defective. One can gather from the statistics of Philadelphia that so many minors and so many adults have died from consumption, but that is all.

The census statistics are the ones of chief value to us in determining the question at issue. And these are somewhat misleading, because there is a greater proportion of deaths unreported of women, and especially of young women, than of men. A few years ago I became interested in the question of the relative frequency of consumption in the sexes at the various periods of life, and contributed an article on the subject to the MEDICAL AND

SURGICAL REPORTER, for January 1, 1881. That article was based mainly on the statistics furnished by the United States census of 1870. The outcome of the study was very striking indeed, and should command the attention of every student of this terrible disease. Since the article referred to was published the mortality statistics of the United States census of 1880 have come to hand, and in connection with those of 1870, afford excellent data for comparative study.

The following table gives the mortality of males and of females from consumption of the lungs, at different ages, in the United States, during the census years ending with June, 1870 and 1880:

Age.	1880.		1870.	
	Males.	Females.	Males.	Females.
Under 5	2460	2248	2274	2209
5-10	447	640	459	494
10-15	583	1324	501	1056
15-20	2409	5412	1756	3431
20-25	5312	8491	3938	5138
25-30	4788	7188	3904	4684
30-35	3912	5421	3329	3556
35-40	3769	4560	3262	3215
40-45	3075	3431	2631	2422
45-50	2771	2623	2423	1843
50-55	2481	2119	2130	1655
55-60	2063	1531	1657	1221
60-65	1979	1631	1704	1407
65-70	1629	1399	1341	1172
70-75	1272	1128	1118	993
75-80	839	811	745	696
Over 80	536	608	726	706

The essential features of my remarks on the statistics for 1870 are as follows:

"In persons under five years of age the mortality from consumption of the lungs among males is greater than among females.

"From five to ten years of age females are more liable to have the disease than males.

"Among persons of from ten to fifteen, over twice as many females as males succumb to the disease.

"Among persons of from fifteen to twenty nearly twice as many females as males are destroyed by the disease.

"Consumption of the lungs among persons of from ten to twenty years of age destroys about two females to one male.

"Among persons of from twenty to twenty-five, about a quarter more females than males die of the disease.

"Among persons of from twenty-five to thirty, about a sixth more females than males die from the disease.

"Among persons from thirty to thirty-five, about a twelfth more females than males die from the disease."

"From the age of thirty-five forward there are more deaths of males than females from the disease."

"From forty-five to fifty, from fifty to fifty-five, and from fifty-five to sixty, a third more males than females die from it."

The whole number of deaths of males in the census year was 33,971, and of females 35,925. From these and other figures "it would appear that as a whole there is a considerably larger number of deaths of women than of men from the disease." The figures for 1880 show more conclusively than those for 1870 that more deaths of male than of female children are attributable to consumption of the lungs. As stated already, there are more deaths of women than of men unrecorded. As there are more male than female children, one would expect the aggregate deaths from the disease to be somewhat more. The figures for 1880 indicate a much heavier mortality of females than of males of from five to ten years of age from this disease. The ratio is about three to two. The figures for 1870 show that over twice as many females as of males, ten to fifteen years of age, die from the disease. Those for 1880 show a still greater fatality among females of such age. In 1870 the deaths of females of from fifteen to twenty years of age were not twice as numerous as those of males of the same age. In 1880 they were over twice as numerous. The figures of 1870 show the deaths of persons from the disease, of from ten to twenty years of age, to consist of about two females to one male of the victims. In 1880 there were considerably more than two females to one male. In 1870 there were about a quarter more deaths of women than of men of from twenty to twenty-five years of age, while in 1880 there were over a third more. Of the deaths of persons twenty-five to thirty years of age, there were, in 1870, about a sixth more women than of men, while in 1880 there were about three women to two men.

In 1880 there were about a third more deaths of woman than of men of from thirty to thirty-five years of age, whereas in 1870 there was only about a twelfth more. In 1870 the deaths of men exceeded those of woman among persons over thirty-five years of age. In 1880 the deaths of women are considerably in the majority, until after the age of forty-five years. Among persons over forty-five years of age nearly a quarter more men than women die from consumption of

the lungs. Of the deaths attributed to consumption in 1880 there were 40,512 of males and 50,758 of females, or about four of the former to five of the latter. The difference was not so marked in 1870. As the living males in 1880 were 25,518,820 and females 24,636,963, it follows that there were 630 males alive to one death of the same, and 406 females. But it should be remembered that really the relative mortality is much heavier, because the record of deaths is very defective.

The statistics of both 1870 and 1880 show that far more females than males die from consumption of the lungs. In the earlier years of life the mortality of females is shockingly greater than that of males. And were it possible to estimate the number of those who would die early from consumption, if not cut off by intercurrent diseases, the greater prevalence of consumption among females than males would be still more evident. Evidently a theory of the cause of consumption based on the assumption that males are more subject to the disease than females is incorrect. It can have little or nothing to support it save what may spring from "acuteness and strength of wit." The more markedly pectoral character of breathing in women compared with men, might be put down as a cause rather than a preventive of consumption; for it is in the years that females in general favor that character of breathing by tight lacing that consumption is most destructive to them.

Apart from what heredity and the difference in their mode of life may have to do with the matter, it is more than probable that the more delicate constitution of females than of males renders them the more liable to become affected with consumption of the lungs. As is now generally believed, it is largely a disease whose origin is dependent on the state of nutrition of the body. Hence, all the multitudinous causes which tend to produce degeneracy tend to produce consumption, and *vice versa*. To attempt to trace the disease to the mode of breathing or any other single cause, whether predisposing or exciting, is not very reasonable. Any theory of the kind must rest in the main on "acuteness and strength of wit."

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—The *St. James Gazette* states that a Russian officer was recently taken to a hospital in St. Petersburg, suffering with a gun-shot wound in the region of the heart. The officer confessed that he had shot himself in order to avoid shooting the Czar, which he had been ordered to do by a secret society to which he belonged.

## THE SEWING-MACHINE AND ITS EVILS.

JAMES BATES, M.D.,  
ALLIANCE, OHIO.

In the MEDICAL AND SURGICAL REPORTER, December 10, an editorial mentions the dangers arising from the use of the sewing-machine, especially with reference to diseases of the uterus. For many years I have been giving attention to the operating of the sewing-machine, and have become quite skilled in its use. But since reading your article I have been giving the matter especial attention, with a view of ascertaining wherein these evils lie. I have been long convinced that much misery would be abated if means could be discovered whereby these machines could be run without injury; for that injury does result must be apparent to the most cursory observer. As many of your gynecological readers will doubtless think the following pages overdrawn, incorrect or unimportant, I will to such hazard the remark, that the outrages perpetrated upon women under the cloak of science, make it incumbent upon physicians to "cudgel their brains" to discover, if possible, some means of preventing incurable diseases; and if any one doubts my assertions, let him take up the "wage of battle" and prove them false. I assert that very many uterine ailments, especially in the unmarried, are caused by the constant use of the sewing-machine; and those not primarily so caused, are secondarily very much aggravated by its use. Any one can easily experiment with a sewing-machine, for nearly every dwelling has one; and as the general principles of their operation are the same, no difficulty will be found in proving whether my position is well or ill-founded. Suppose a woman of ordinary stature, seated on a common cane or "Windsor" chair, with both feet on the pedals. In this position the knees are almost, or quite, on a level with the superior surface of the thighs. From constriction of the corset, the abdominal parieties below the umbilical region, are pressed upon the surface of the thighs; hence any movement of the knees in a perpendicular direction must either compress or relax the abdominal walls. In addition, the motion necessary to propel the machine, calls into play several muscles, notably the quadriceps extensor and sartorius of the thigh, and the tibialis anticus and gastrocnemii of the leg, not to speak of several in the foot. The pedals of nearly all machines are so arranged that two motions are necessary to "work" them, namely, up

and down; thus differing essentially from the old-fashioned spinning-wheel treadles, which went up of itself, and only required to be pressed down. Moreover, in spinning only one foot was used, while the sewing-machine requires both feet. The axis on which the treadle works is so placed that the instep is exactly over it, and the feet when at rest are in a horizontal and natural position; but when the machine is in motion the thighs are pressed hard against the abdomen once for every revolution of the fly-wheel. If the machine is running slowly no evil is apparent, but when it runs with great rapidity, as it nearly always does, the contents of the abdomen, such as bladder, uterus and viscera, generally must get quite a jolting. Also, the action of the muscles of the thighs, especially at their insertion in the neighborhood of the pelvis, would necessarily produce exhilaration, if not excitement of the generative organs; because when the knees are together, if elevated (to counteract the pressure of the abdomen, which would tend to separate the thighs), another set of muscles are called into play, which have rather a close relation to the external genitals. These muscles are the adductors. If the operator could sit in an upright position this condition of things might be borne, but to be able to see her delicate work, she must bend her body forward, thereby enhancing very greatly the just mentioned evils. The abdomen is subjected to still greater pressure, and of course the enclosed organs must suffer in proportion.

Machines as a rule are hard running from a variety of causes. Women are usually only anxious that the machine should do good work; and though it may require all her force to run it, exhausting her thereby, yet if the stitching is correct, all other defects are condoned. Machines become gummy easily from dust and shreds of cloth getting mixed with the oil, and as very few women have much mechanical *conceit*, (I say conceit advisedly), machines so hampered are seldom if ever cleaned. Without good oil, well applied, no machinery will run easily. Fear of soiling goods on the one hand, and pure carelessness on the other permit many good machines to run badly. The tension of the belt has much to do with the easy running of sewing-machines. The tighter the belt the more difficult it will be to run the machine. To make the belt loose enough to run easily the machine must be in good condition, or the belt will slip on the pulley. In so far, we do not see that the machine is always to blame for the evils ascribed to it. But if the

sewing woman were a mechanic, cleaned her machine regularly, kept it lubricated with the best sperm oil, saw that the belt-tension was correct, and in fact got everything out of the machine in the best and most workman-like manner, yet if her usual position at the machine is maintained, all this would only modify, not cure the evil. The machine itself then is at fault, partly in construction, partly in position. The watch-maker is compelled to so cover the works of the time-piece that dust and dirt can reach them only by the grossest carelessness. Inventors generally endeavor to put the propelling power on the long arm of the lever. But in the sewing machine, dust, dirt, shreds and oil are allowed free access, and while the feet propel the short arm, the coupling rod and machinery attend to the long arm of the lever. The belt is of so narrow a surface, as to require too much tension to move the machinery at all.

But in the position of the operator lies the greatest defect. A woman of medium stature seated at a machine, has the thigh and leg forming a right angle at the knee, while the leg and foot alternately form an obtuse and acute angle at the malleolus. The operating of the treadles for any length of time will exhaust the posterior muscles of the leg from want of purchase at their superior extremity. These muscles, especially the gastrocnemii, being intended by nature to be operated with the femur and tibia in direct line. On the other hand, the anterior muscles of the leg, from too much tension can with difficulty contract or relax sufficiently to materially assist the former set of muscles. In fact the quadriceps extensor is required to raise the foot. Except the adductors and quadriceps extensor the muscles of the thigh are nearly at rest, and are injurious only from the irritation produced by pressure. The adductors from their attachment to the pubes and ischium would in strong contraction, have a tendency to excite the sexual feeling, while the pressure of the thighs would so disarrange the viscera, that we could easily imagine prolapsus, metritis, cystitis, even erythema and orgasm if you please, ending in complete wrecking of the whole system. With the foregoing array of difficulties attending the use of the sewing-machine, is it any wonder that so many otherwise healthy women should succumb to its baleful, health-destroying influences? Yet the matter can be remedied.

There are three methods by which these dangers could be almost, if not, quite, alto-

gether avoided. First, in improvement in the machine; second, in improvement in the chair; and third, in improvement in the position of the operator. Usually, unless of small stature, a woman when seated at the machine on a common chair has the knees on a level with the thighs, and directly under the needle-bar, requiring the operator to stoop forward in order to see the work. To overcome this defect, a machine should be made so that the needle-bar would be near enough to the operator to allow her to sit in an easy and natural position, *i.e.*, within six or eight inches of the body, and the treadles so placed that her lower extremities would be nearly in a straight line at the knees. To accomplish this a radical change would have to be made in all machines, old and new, entailing great expense, which of course, the very persons most needing help could not afford. The belief prevails that sewing-machines are nearly, if not quite perfect, yet while all other parts have from year to year been improved, the method of driving the machine is essentially the same as it was under Howe's first patent. He will be a public benefactor who soon makes an advancement in this regard.

The second method of avoiding the evils incident to sewing-machines will be found more practicable, at least with regard to expense. A common chair, if perfectly flat on its upper surface, and cushioned, is perhaps the best seat commonly found in our households for a woman to occupy while at the machine. A chair hollowed out in the seat or a cane-seated chair, from the undue pressure of the anterior ridge must do harm from cramping the muscles or nerves of the posterior surface of the thighs. Several years ago, in a number of the MED. AND SURG. REPORTER, a writer called attention to the ease with which a sewing machine could be run, if the operator would sit on a chair or stool slanted upwards and backwards with a rise of about four inches to the foot. Having given this hint a thorough trial and having had the experience of a number of others, I can safely say that the suggestion is a good one. Without going into any extended argument, I will simply add that it possesses all the advantages with none of the disadvantages of the common chair, and I know no better stool for this purpose than Briggs's organ-stool, which by a simple adjustment can be raised or lowered, to suit tall or short persons, yet with the proper inclination. There is, however, one difficulty connected with this method. To get a good purchase on the treadles the seat must be

comparatively high, thus taking the work further away from the eyes of the operator. But good though it be, will women generally adopt this method? No! And why? Because when a woman wishes to sew she picks up the first chair that comes to hand, and is slow to take up new notions unless it be in way of adornment. Then we must look around for some manner in which she can operate her machine without injury to her health, and yet retain the same machine and chair; which brings me to the third and last method, namely, the *position* which the operator occupies at the machine.

Many of our manufacturers advertise their machines with pictures of girls of tender years operating them with apparent ease, the same little girls having exceptionally round cheeks, bright eyes and rounded arms, leaving the inference to be drawn that their particular machine runs so easily that even a little girl can retain her usual health in operating it. And there is no reason why this should not be true. A new machine, well oiled, will, as a rule, almost run itself, and hence requires but little power.

Every woman whom it has been my privilege to see operating a machine, and my opportunities in this direction have been ample, invariably uses both feet to propel it, giving as an excuse that the machine runs so hard as to require that much force. We have endeavored to show that if properly cared for a machine can be run with very little power. I will go further, and say that the machine which cannot be run with one foot by any woman in average health, is not fit to be run at all. We will suppose a woman seated at the machine, one foot on the treadles the other on the floor, the knees apart, the adductors at rest, the abdomen not pressed unduly upon, the generative organs neither irritated nor disarranged, the machine running so easily that over-exertion of the muscles is at a minimum, and we have a condition of things which will allow her to sit in a common chair and operate the present sewing machine with comparatively little detriment to her health. I am not stating a supposition, but a fact which has stood the test of thorough trial, when I say that if a woman will use one foot to propel the sewing-machine, and alternate the foot as occasion requires, very many of the irritative diseases incident to her sex would be abated. I also am convinced, that when running the machine no corset should be tolerated, as the loosest corset is too tight when using the lower extremities in a sitting posture.

### A THOUGHT ON THE DESTINY OF ALCOHOL IN THE BODY.

BY THOS. J. MAYS, M.D.,

PROFESSOR OF DISEASES OF THE CHEST IN THE PHILADELPHIA POLYCLINIC.

I do not believe that the fact that a large amount of alcohol can be taken under certain circumstances without producing the least intoxication, has ever escaped the attention of the observant physician. For example, a person who is extremely sensitive to the narcotic effects of alcohol, i. e., one in whom a half teaspoonful dose of brandy will produce the characteristic symptoms of narcosis, such as weakness in the legs, flushing of the face, etc., receives a severe shock, as from an injury, and may then be able to take the same preparation in two or three tablespoonful doses without experiencing the slightest inebriation, but on the contrary will be materially benefitted by it. Or, take a case of croupous pneumonia. In this disease it is well-known that at, or about the period of crisis, alcoholic liquors can be literally poured down the throat of the sufferer without producing any intoxication whatever. I have known such cases where more than a quart of the best brandy was consumed in less than twenty-four hours with nothing but what was believed to be the very best results. There are also records of many cases of snake-bites in which phenomenally large quantities of brandy and whiskey were administered and apparently without any alcoholic symptoms.

Now what becomes of alcohol in such enormous doses? We think this agent is entirely anomalous in this respect, as well as in its action. It is true that in cases of idiosyncrasy, or in tetanus and acute mania, the poison line of morphine is somewhat widened, but in no instance can it be given *ad libitum* like alcohol. Strychnine, atropine, curare, veratrum viride, cocaine, digitalis, and most other vegetable alkaloids must be given in reduced doses so soon as they begin to exert their physiological effects. The large doses in which morphine, and several other drugs are tolerated, can be explained by the well-known physiological law, that a nerve when intensely irritated or exhausted from any cause is less impervious to incidental forces than a healthy nerve. The action of morphine is, however, fundamentally different from that of alcohol, inasmuch as it undergoes no change in the body, and therefore acts by its presence, or through its mechanical influence; while on the other hand it is positively established that alcohol is decom-

posed by the animal economy, and therefore has a chemical action.

From a clinical standpoint, therefore, the only rational explanation which can be given of this singular behavior of alcohol is, that it furnishes some force to the body which is utilized in the same manner as food force is. During great prostration, or extreme depression, just as in pressing hunger, the demand for this force is great and urgent, but in ordinary health it is small and can probably be best supplied by food. Unless this extraordinary action of alcohol can be accounted for on other grounds by our abstemious friends, we think there is much reason for the belief that it has no other but a food action.

## SOCIETY REPORTS.

### NEW YORK ACADEMY OF MEDICINE.

*Stated Meeting, March 1, 1888.*

The President, A. JACOBI, M.D., in the chair.

#### Should We Treat Syphilis During the Primary Stages.

DR. EDWARD B. BRONSON read the first scientific paper of the evening, bearing the above title. He explained that by the term preventive treatment was not necessarily meant abortive treatment, but all measures, which in any degree abridged the course of the disease and ameliorated its effects upon the constitution. He showed that in as much as we do not know the essential nature of syphilis, and we have no radical treatment, we must, in looking for new and more effective means of combating it, be guided to some extent by theoretical considerations. He asked the question, if the indications thus far afforded by our imperfect knowledge of syphilis were such as to render any form of preventive treatment in the primary stage unavailing and absolutely hopeless; for such was the view entertained by many physicians. There were two ways of approaching this question, the one theoretical and the other empirical.

No theory explained syphilis so satisfactorily as that which attributed it to the presence and growth in the tissues of a specific micro-organism. But if this theory could be established, it would by no means make certain that preventive methods would prove successful.

Dr. Bronson thought theory and facts

pointed to a temporary sojourn of the syphilitic virus in the region where it was first implanted, and during that period the disease was local, not constitutional. From here it sooner or later contaminated the neighboring lymphatic glands, and then passed to the general system. The author cited some objections which had been raised to this view, which he thought were without foundation, and then proceeded to show the inefficacy of proposed methods of treatment during the primary stage of the affection. The principal measures proposed had been excision and cauterization of the initial lesion. Briefly reviewing the history of these measures, he came to the conclusion, as many other distinguished syphilographers had done, that they had not been successful, and that in the nature of things they could not be. The basis for this opinion was the fact that the disease had become general, or affected glands which would escape the surgeon's knife or cautery, before the development of the initial lesion, or the time at which the treatment could be instituted.

He then spoke of the objections which had been offered against general medication during the primary stage. The chief one had been that it was indirect, for, as long as the affection remained local, it was extremely doubtful whether medicine taken internally would reach and destroy the localized virus. The author reasoned that the remedy so much relied upon in the general treatment of syphilis would be more likely to prove a germicide to the syphilitic micro-organism if applied locally during the primary stage than if it were to act by passing through the general system. This view was based on theoretical grounds, and on such grounds he commended it to the consideration of those who had occasion to treat this disease.

The method of employing the drug (mercury) was both by inunctions and by hypodermic injections into the glands in the neighborhood of the initial sore. The injections consisted of not more than one one-hundredth of a grain. He preferred mercurial soap to mercurial ointment for rubbing into the skin. It might be said that this regional treatment was also constitutional treatment, as in a degree it was, but it was something more. Better this, the author thought, than to let the case go on without lending the patient any possible hope. While the treatment was recommended on theoretical grounds, yet he had employed it in certain cases, although the diagnosis and method of applying the treatment were so uncertain as not to justify any conclusions.

DR. E. L. KEVES said he would have been much interested to hear the results of experiments with this form of treatment. In general he was opposed to constitutional treatment during the primary stage of syphilis for the reason that it rendered its after progress irregular. Excision and cauterization had, he believed, failed in every instance to cut short the disease, and he doubted whether this local treatment with mercury would prove more effectual. The virus had entered the general system before it could be reached by local measures.

DR. R. W. TAYLOR held the same views as Dr. Keyes, that general treatment during the primary stage of syphilis was objectionable, as it rendered the future progress of syphilis irregular; the diagnosis remained uncertain until the secondary lesions presented, and if by constitutional treatment during the primary stage such secondary lesions were averted, the patient would not feel convinced that he had syphilis, and would prove intractable; yet the tertiary symptoms were as likely to develop in all their severity as if the disease had taken its usual course, producing the eruption, etc., of the secondary stage. He believed that syphilis was at first a local affection, but he doubted the efficacy of such proposed local treatment. Certainly excision and cauterization had, in his opinion, failed to abort a single case. Then he thought injections of mercurial solution in the glands on the thigh would, if the solution were of sufficient strength to be efficacious as a germicide, produce ulcers. Such had been his experience.

The PRESIDENT compared syphilis with infectious diseases regarding which more was known, particularly diphtheria, and thought a lesson might be learned therefrom. In diphtheria the poison might be local, and it might enter the general system and cause a constitutional disease; it usually entered by way of the lymphatics, but it sometimes found its way to the general circulation directly through the blood-vessels in the neighborhood of the local disease.

A paper by MR. BERNARD ROTH, F.R.C.S.E., on

#### The Treatment of Flat-Foot,

was read by Dr. V. P. Gibney. The author said he was glad to comply with Dr. Gibney's request to contribute to a symposium on this subject, and the more so because his views had changed in some particulars since he wrote an article on flat-foot in Heath's Dictionary of Practical Surgery two years ago. The term flat-foot was a broad one; the cases should be classified clinically if surgeons

would come to an agreement regarding treatment. Mr. Roth divided the cases into three classes: 1. Those in which it was possible to restore the foot to the normal situation without mechanical or operative measures. 2. Those in which the foot had become so fixed in its abnormal position by shortened ligaments and tendons, and changes in the articulating surfaces, that it could not be restored without operative measures or *brisement force*. 3. Intermediate cases, in which partial restoration of the tarsal arch was possible without *brisement force*.

The author had observed that all infants had flat-foot, but when they stood and ran about a few months the arch developed with the development of the muscles on the anterior aspect of the leg. He always assured anxious mothers that there was no cause for their fears in these cases. He believed with Mr. Thomas that the muscles acting upon the foot had their insertions favorable for the support and development of the tarsal arch. Anything which tended to weaken those muscles predisposed to flat-foot. Flat-foot was often associated with knock-knee, and was liable to occur when an injury to one leg caused most of the weight of the body to be thrown upon the other.

In the treatment of the deformity the surgeon had in mind the restoration of the depressed arch, and the development of the muscles which tended to form and sustain that arch. Practically the treatment resolved itself into mechanical and surgical measures for restoring and sustaining the arch, and into therapeutic means for strengthening the muscles.

Regarding mechanical measures, the author said that during the last eighteen months he had discarded pads, and he no longer insisted on wearing a laced boot. He had the shoe made to fit the foot, and the sole and heel so shaped as to direct the axis of the tibia toward the outer aspect of the foot. His reason for doing this was founded on Mr. Thomas's explanation of the formation of the arch, which he believed to be the true explanation, namely, that the weight of the body transmitted through the tibia was expended upon the inner aspect of the arch, and that the arch was enabled to retain its shape by the action of the muscles; when the muscles became weakened, the weight of the body being transmitted through the tibia to the inner aspect of the arch, that arch broke down, and the patient walked upon the inside of the foot. A quarter to half an inch was added to the inner margin of the heel and sole. In the second class of cases *brisement*

*force* should be resorted to preferably according to Thomas's method, and then the cases should be treated as in class one.

The author then described methods for developing the muscles of the leg going to support the arch, consisting in passive and active gymnastic exercises, including walking on the toes a short distance, say fifty feet, after each meal.

The paper was discussed by DRs. RIDLON and PHELPS.

#### **The Tariff on Medicines and Surgical Instruments.**

A resolution was passed petitioning Congress to remove the import duty on medicines, surgical instruments and apparatus.

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### **REPORTS OF CLINICS.**

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#### **HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.**

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##### **GYNCOLOGICAL CLINIC—PROF. GOODELL.**

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###### **Ovarian Tumor.**

This woman is 43 years old. I need not call your attention to the enormous tumor from which she seeks relief at our hands. The history of her trouble dates back a period of four years. She first noticed occasional cramps occurring in the lower part of the abdomen, and these were soon accompanied by abdominal swelling. She has not seen her menses for three years. She has lost flesh, her face has become wrinkled and wears a pinched expression, which experience will teach you is strongly suggestive of ovarian disturbance. She has been tapped six times in all, between eight and nine gallons of fluid being withdrawn at each operation.

Let us examine the tumor together. The abdomen is enormously distended, and dilated veins may be traced over its entire surface. On palpation we find fluctuation unusually well defined, and dulness on percussion until we reach a point about three inches above the umbilicus. Here it is resonant all the way up to the ensiform cartilage. Below this is an apparently solid tumor, which gives the sense of ballottement; that is to say, it yields before the finger, as if floating in a fluid, and then returns to the finger with a slight tap. This means that, apart from the tumor, ascitic fluid is present. On transferring our attention to the vulva, we find the vagina completely everted, disengaged by the ascitic fluid, and exhibiting

in consequence an appearance not unlike the male scrotum. In the centre of it is the os uteri, into which I pass the sound fully five inches, showing hypertrophic elongation of the womb.

Now we are ready to make a diagnosis, and we pronounce the tumor to be ovarian for the following reasons: 1st. The patient has not menstruated for three years, and this fact may additionally be regarded as strong evidence that both ovaries are involved. 2d. The swelling began within the pelvic cavity and extended upwards, lifting the intestines as it advanced. 3d. Ovarian tumors are those of most common occurrence. 4th. It is not a fibroid, because, among other reasons, the menses have ceased here, while the development of a fibroid would have made them more profuse.

Is the tumor malignant? The facts that it began with considerable pain, that we have ascites present, and that both ovaries are involved, might justify us in so thinking. There are some arguments, however, opposed to this supposition. In the first place, the history of the woman's condition covers a period of four years, which is much longer than the usual history of a malignant growth. (It might, however, be a sarcoma, these tumors being sometimes comparatively slow in their progress). Again, the ascites, which is here present, may have proceeded from a papilloma. Very often these cauliflower-like excrescences push their way into the peritoneal sac through the wall of an ovarian cyst, and secrete a prodigious amount of fluid: I shall operate on this patient within the next few days.\*

###### **Nervous Abdominal Pulsation Simulating Aneurism.**

This patient has just presented herself. In answer to my question as to why she comes to us, she places her hand over the region of her stomach and says that she has a constant throbbing and pulsation there, which has been

\*This woman was operated upon a few days later before a ward class. The tumor proved to be a proliferous cyst of the right ovary, with omental adhesions. It was surgically a solid tumor, and could not be reduced in size, even by breaking up the thousands of daughter cysts contained within it. The incision, therefore, had to be a long one, needing twenty-four sutures to close it. The parietal peritoneum was greatly thickened, and the ascitic fluid very abundant. The emptied cyst weighed sixteen pounds; the fluid from it and from the abdominal cavity together weighed eighty-three pounds; the total weight being ninety-nine pounds. A drainage tube was put in, which was removed in forty-eight hours. Since the operation the patient has done well, the temperature reaching just 100° only once.

called an aneurism by several physicians. I am glad to be able to examine this case with you, for it is one of a class that often proves very puzzling. A number of cases are sent to me each year presenting many symptoms which, at first glance, are strongly suggestive of abdominal aneurism. They are almost invariably women of the nervous diathesis, sensitive and highly emotional.

This woman is 24 years old, single, and a domestic servant. She has felt her present sensations for something over two years. At first her symptoms were chiefly those produced by an ordinary dyspepsia, but, in time, these were accompanied by the throbbing which she now complains of and which gradually become more noticeable and more annoying. At present her appetite is fair, but the process of digestion is somewhat painful, and is accompanied by frequent regurgitation of the gastric contents. Flatulence exists, and her bowels are very costive. Her menstrual periods are regular, but the flow is scant and is always attended by pain, and she is very nervous. We find the uterus retroverted, slightly flexed, and giving a measurement of plus three inches. This increase is due to the long-standing retroversion and its consequent dysmenorrhœa. The womb being practically turned up-side down has become gorged with blood and has undergone a gradual hypertrophy. On examining the epigastric region in which lies her chief source of discomfort, we find what seems to be a pulsating tumor. It gives a tense, hard feeling to the hand, which rises under it with every stroke of the heart, as all of you can plainly see for yourselves. I cannot, however, detect any thrill. Now, gentlemen, I do not believe that this is an aneurism, in fact, I am confident it is not. In examining cases like this you will frequently find the rectus muscle a great obstacle in your way and very often the cause of your falling into error. Many women involuntarily contract this muscle at the moment of examination, and throw it into such a rigid condition that it gives to the touch the sense of a tumor, and seriously interferes with any manipulation of the viscera beneath it. At the same time, while the hand is lying on it, it will rise and fall in response to each impulse of the underlying aorta, and will so lead an incautious diagnostician into believing in the existence of an abdominal aneurism. An aneurism, however, would be accompanied by pain, it would be likely to increase steadily in size, and would convey to the hand that peculiar thrill which we fail to find here. Moreover, it is to be remembered that in some

women aneurisms are extremely uncommon. If I should etherize this patient the rectus would relax and so remove any uncertainty of diagnosis at once, but I can obtain this same result in a less direct way. Just as a conjurer fires off his pistol to distract the attention of his audience away from his trick, so I shall fire off my pistol, but in another way. I distract the woman's attention from everything else by making a uterine examination, and while doing this with my left hand, my right, unnoticed by the patient, is placed upon the now relaxed rectus muscle and is pressed close down upon the aorta. This vessel throughout its abdominal course, is found of uniform calibre and quite free from any aneurismal dilatation.

Now, what shall we do for this woman? In the first place she shall have a laxative pill, and a very excellent combination for this purpose is found in the pil. aloinæ, belladonnæ, and strychniæ, which is kept in stock by most druggists. The laxative spring waters may be of temporary benefit in cases of habitual constipation such as this, but they soon lose their effect, and the quantity taken has to be increased. This pill which I recommend to you, however, restores tone and energy to the paretic muscular layer of the intestinal walls, and, so far from having to be increased, may gradually be reduced in frequency of administration, and finally stopped altogether. In addition I shall put her on the following mixture, which will act as a general systemic tonic, and coincidentally, as a nervous sedative:

R. Tr. digitalis.....	.....	fʒiiss
Ammon. chlorid.....	.....	ʒij
Ammon. bromid.....	.....	ʒss
Infus. gentian.....	ad	fʒvj
M. S.—Dessertspoonful t.i.d.		

—In a paper read before the Gynecological Section at the Sixtieth Congress of German Naturalists and Physicians, Wiedov (*Annales de Gynécologie*, January, 1888) reported five cases of albuminuria in women, in which he demonstrated that the placenta presented the lesions which have been already noted by Fehling. These lesions consist in infarcts, which are to be met with both upon the foetal and maternal surfaces of the placenta. Fehling stated that in 800 pregnant women he had found eighteen who had albumin in their urine. In all of these cases the placenta presented more or less numerous characteristic white infarcts. As to their origin, Fehling agrees with the opinion of Scanzoni, that in a large number of the cases they are the result of hemorrhage.

## PERISCOPE.

**Treatment of Intussusception Without Operation.**

In the *Brooklyn Medical Journal*, February, 1888, Dr. G. R. Butler reports a case of intussusception which was relieved by hydrostatic pressure. The patient was a little girl three years old, who had suffered for ten days from slight bronchitis and constipation. The latter had been easily relieved with common domestic remedies until thirty-six hours before Dr. Butler's visit. The bowels were then obstinately constipated. During the thirty-six hours nearly three bottles of the ordinary solution of magnesium citrate had been given without result, except that they caused tenesmus and discharges of mucus with small amount of feces. The stools contained no blood. Paroxysmal abdominal pain had occurred, gradually increasing in severity. Vomiting began twenty-four hours previously, and at the time of his visit the ejected matter had a slight fecal odor. The child had eaten nothing, the face was pale and had an anxious look, skin cool and moist, pulse accelerated, temperature  $99^{\circ}$ . The abdomen was distended and tympanitic, with a special point of tenderness to the left of, and on a level with, the umbilicus. At this point there was a sense of resistance on palpation. It was not possible to accurately outline a tumor.

The child was placed across its mother's lap and the nates elevated. A soft catheter attached to a fountain syringe was then introduced four or five inches into the rectum, meeting with no opposition. Tepid water was slowly injected until the bowel was thought to be distended to the point of safety. Some of the fluid escaped by the side of the tube, but about thirty-five ounces probably entered. The child was then placed upon the left side, with the hips elevated by a pillow. The enema was retained, and the child soon fell asleep, and slept six hours. On awaking, it passed the injected fluid with a moderate amount of fecal matter. Pain and vomiting had ceased. It rested quietly during the night. The next morning a natural and copious movement of the bowels occurred without pain. The child had regained its normal appearance and spirits. No further trouble of any kind was experienced.

In the *Lancet*, Feb. 18, 1888, Dr. Cheadle reports a case of intussusception which occurred in a slightly rickety infant fifteen months old. In this case the child vomited several times, and the passage of blood from the bowel was a frequent and prominent symptom.

A tumor was unmistakably outlined by rectal examination. There was much pain and great straining. The rectum was gradually distended by inflating it with air from a Higginson's syringe, and the tumor manipulated through the abdominal walls. Recovery followed. Dr. Cheadle says that this is his third successive case in which the intussusception has been reduced by inflation, and that Dr. Barlow has had a fourth. Early diagnosis and prompt employment of the inflation are the essentials to success.

In the *Lancet*, February 25, 1888, Dr. Goodhart reports still another case, occurring in a child eight months old, in which reduction of the intussusception was effected by means of an enema of two pints of warm boracic acid solution, five grains to the ounce, which was injected with Lund's apparatus. In this case the child suffered with convulsions; the stools were bloody, but the blood was not admixed with mucus, and was not frothy. A sausage shaped tumor could be outlined.

**Poisoning with Antipyrine.**

In the *Lancet*, February 25, 1888, Dr. Oscar Jennings reports a case of poisoning with antipyrine. The patient was a woman 67 years old, who was of gouty ancestry and suffered with swelling of the hands, without positive pain, but with sensations of pricking, which interfered somewhat with the use of the hands. She was given  $3\frac{1}{2}$  grains of antipyrine a day for eight days, when the skin of her arms became covered with erythematous patches; her eyes at the same time became uncomfortable. The following night she scarcely slept at all; the feet were icy cold; there was no nausea, and no giddiness. The next day her face was red and extraordinarily swollen, so as to almost close the eyes, just leaving a narrow slit for vision. The rash was general and of the color of pomegranate, and was arranged in patches the size of a three-penny piece, separated from each other by slight but distinct intervals. The condition gave rise to no suffering, there was only slight itching, but the patient felt as if "the inside of the body was filled with ice." There was irritation of the nasal fossae and hoarseness of the voice; the pulse was twice as fast as usual but the temperature was lowered. There was slight buzzing in the ears. The symptoms gradually disappeared, but the patient still suffers from considerable prostration and sensations of cold.

Dr. Jennings says that, since encountering the case just cited, the following have been

related to him: Mrs. Y., was treated with antipyrine in order to be radically cured of rheumatic pains. She was ordered 75 grains a day. "The second day," writes Miss X., "my friends went to see this lady, who is one of the most intelligent, one of the most witty, and one of the most charming women in Paris. They found her with her head between her hands, the elbows resting upon the knees, rocking backwards and forwards, repeating incessantly, 'I don't know what is the matter with me; I remember nothing; I am becoming like an idiot; I am going mad.' She was subsequently confined to her bed with severe gastro-enteritis for six weeks, and kept her room for three months. Lately she has improved, and has recovered her lost intelligence.

Mrs. Z. was treated with antipyrine. "Her body swelled, as did also the inside of the throat, which was obstructed to such an extent that for six hours she was threatened with suffocation. The skin was covered with red spots, without itching, and the perspiration dripped off the extremities of the fingers."

#### Transplantation of the Cornea.

In a further communication upon transplantation of the cornea, which is contained in the Report of the Ophthalmological Society of Heidelberg, 1887, S. 30, Von Hippel states that he has succeeded in two cases of leucoma of the cornea in which Descemet's membrane was not opaque, in transplanting the rabbit's cornea upon the human eye. By means of a specially constructed knife the central leucoma upon the patient's cornea was excised in a section of 4 min. (.159 inch) diameter down to Descemet's membrane. A segment of the same size taken from the rabbit's cornea was then transplanted upon the patient's eye, and these united immediately and remained transparent. This patient who before could count fingers only at a distance of 6½ feet, now has a vision of  $\frac{2}{3}$ . Up to the present time, one year and nine months after the operation, the transplanted segment has not become cloudy. A gray reflex is returned upon focal illumination, but this is brought about by the different index of refraction of the rabbit's cornea and the most posterior layers of the human cornea, which were left behind; at the surface of junction of the two, the light is strongly reflected.

In the second case, in which a serpiginous ulcer had been followed by a central leucoma, a piece of cornea was transplanted in the same way. This also united and re-

mained transparent. Vision had risen to  $\frac{1}{2}$ .—*Centralblatt f.d. med. Wissensch.*, January 28, 1888.

#### Syrup of Tar in Winter Cough.

In the *British Med. Journal*, March 3, 1888, Dr. William Murrell says that tar is undoubtedly one of the best remedies for chronic bronchitis and winter cough. He uses the syrupus picis liquidae of the U. S. Pharmacopœia. With the addition of a few drops of ammonia or other alkali the syrup can be prepared of almost any desired strength of tar. He usually gives it in doses of from two to four drachms every three hours, or even oftener. If disagreeable to take, it may be flavored with syrup of wild cherry. The efficacy of the combination may be greatly increased by the addition of a little apomorphine. Six minims of a two per cent. solution may, he says, be given frequently without exciting nausea. During the past two years he has used this method of treatment in nearly a hundred cases of chronic bronchitis and winter cough, and has every reason to be satisfied with the result. The cough is relieved, expectoration is rendered easier, and the patient usually sleeps well at night. The syrup of tar alone without the apomorphine is admirably adapted to the treatment of the coughs and colds of children, and has none of the disadvantages of preparations containing opiates.

#### Guiacl in Phthisis.

At a meeting of the Society for Internal Medicine, of Berlin, February 6, 1888, Dr. Fraentzel made some remarks upon the use of guiacl in phthisis. He coincides with the opinion previously expressed to him by Dr. Penzoldt, of Erlangen, that guiacl is the active constituent of creasote; and he employs it in the same doses in which he gave the latter. He uses a formula which is approximately represented by the following mixture:

Guiacl.....	f $\frac{3}{4}$
Tinct. gentianæ.....	f $\frac{3}{4}$
Alcoholis.....	f $\frac{3}{4}$ v
Vini Xericæ (Sherry) q. s. ad.....	f $\frac{3}{4}$ v

M. Sig.—Take a teaspoonful two or three times a day in a wineglassful of water.

Fraentzel thinks the drug is better borne by the stomach when given in this mixture than when given in capsules or with syrup of tolu. Although his experience with it is as yet limited, he advises its employment in preference to creasote.—*Deutsche med. Wochenschrift*, Feb. 16, 1888.

**Sequel to a Case of Ligature of the Carotid.**

At a meeting of the Clinical Society of London, Feb. 24, 1888, Mr. Holmes read some notes which formed the sequel to an old case of ligature of the carotid artery, which was published in the ninth and tenth volumes of the Society's Transactions as one of distal ligature of the left carotid for aortic aneurism. The patient survived the operation for twelve years, and then died of phthisis. The *post-mortem* examination proved that the thrill, bruit, and pulsation, which were thought to be caused by aneurism of the aorta, depended on stenosis of the valves of the pulmonary artery, with dilatation of its left branch. There had been weakness and occasionally total absence of pulse in the left arm, but the cause of this was not explained by the autopsy, which had been somewhat hurriedly made. The aorta and its branches were healthy as far as they were examined. The left carotid was obliterated in its whole extent. As the case had been used in discussing the propriety of distal ligature in aortic aneurisms, it was thought right to publish this correction.—*Lancet*, March 3, 1888.

**Hydrobromate of Hyoscine in Acute Mania.**

In the *Lancet*, Feb. 4, 1888, Dr. George Thompson, Medical Superintendent of the Bristol Asylum, England, reports three cases of mania which were successfully treated with the hydrobromate of hyoscine. In each case the wildness or restlessness was calmed, and what is more noteworthy, the attack cut short and its recurrence rendered less frequent. The author remarks that in mania of any form the drug is the best calmative which has yet come to his notice. In some cases of general paralysis attended with dry skin and some suppression of urine, a small dose puts the patient in a much more comfortable state.

**Intermittent Albuminuria.**

Much has been written lately upon intermittent albuminuria. In some cases food and in others exercise seems to be the determining factor in its production. In a communication in the *Lancet*, January 7, 1888, Dr. George Johnson, who is well known for his studies upon the urine, reports two cases which illustrate the influence of food and exercise in the production of intermittent albuminuria. He states that his main object in this communication is to insist upon the practical importance of testing the urine in all cases at frequent intervals during the twenty-four hours, in order to ascertain the exciting cause of the albuminuria; and so

to adopt measures to avoid or counteract it. He regards a saturated solution of prussic acid as the most delicate and trustworthy test for albumin with which he is acquainted. Any precipitate except albumin will disappear upon the application of heat below the boiling point.

He regards the term cyclical albuminuria as misleading, for it seems to imply that the abnormal condition occurs (like a tertian ague, for instance), in a regular cycle, without reference to external, ascertainable, and avoidable influences. He holds that while a treatment based upon a careful observation of the existing causes of the condition is usually successful, yet, on the other hand, it is unquestionable that however free from other symptoms of disordered health the subject of this condition may be, a frequently recurring albuminuria, if neglected, will almost invariably result, though it may be after many years, in structural degeneration of the kidneys. In one case which came under his observation, a period of thirty years intervened between the onset of this condition in connection with scarlet fever, and the fatal termination. An indiscriminate prophecy of smooth things in this class of cases may for the time be pleasing to the patient, but if this leads to the neglect of needful precautions the ultimate result will be disastrous. He denies the existence of physiological albuminuria, unless by that is meant a condition in which albuminuria exists, but with no other symptom of disordered health; in which case the greatest possible amount of albumin in the urine might in many cases be designated as physiological.

**Cytisine in Migraine.**

Cytisine, the name given to a very poisonous alkaloid extracted from the seeds of *cytisus laburnum*, gold rain, has the effect of narrowing the blood-vessels. The possession of this property induced Professor Kraepelin to employ it in the so-called paralytic form of migraine, and he has obtained brilliant results in two cases, which he has published in the *Neurologische Centralblatt*, No. 1. The first case was that of a young woman, 21 years old, who suffered every two or three months with violent attacks of right-sided headache. The attacks, which for the most part developed toward evening, were preceded regularly by great restlessness, a feeling of oppression, pain in the cardiac region, nausea, a redness of the right side of the face occurring in spots, and strong pulsation of the right temporal artery. After one or two hours, headache, affecting

the entire right side of the skull, began, and was accompanied with violent vomiting, anxiety, absolute loss of sleep, dread of light, and the dancing of bright specks before the eyes. The attack lasted from twelve to twenty-four hours, and was succeeded by great weakness, marked dilatation of the right pupil, and disturbance of sight of the right eye.

After various remedies had proved ineffective, Kraepelin tried at the beginning of the attack 1-22 of a grain of nitrate of cytisine by hypodermic injection. The result was surprising. In the course of half an hour the redness disappeared, and also the feeling of oppression and the pain. The same result was obtained with the greatest regularity in every one of the numerous attacks under an increase of the dose to 1-13 of a grain in the course of the following months. The drug was most active when employed at the earliest possible moment.

The second case was that of an hysterical medical student, who had suffered from his youth with violent attacks of migraine, which lasted twelve hours. Fifteen minutes after the injection of 1-22 of a grain of cytisine, the pain subsided, and in half an hour he was entirely recovered. — *Wiener med. Presse*, Feb. 5, 1888.

#### Preparations of Extra-uterine Pregnancies.

Mr. Lawson Tait exhibited recently, at Birmingham (*Brit. Med. Journal*, Jan. 7, 1888), a series of specimens of extra-uterine pregnancy in all stages of its development, from the earliest known case of tubal rupture, which apparently had occurred between the third and fourth week, up to a section of a cadaver at full term. The interest of these cases lay chiefly in the fact that they completely established the view as to the pathology of extra-uterine pregnancy which Mr. Tait had first published in 1873: that all extra-uterine pregnancies were due to the impregnation of the fertilized ovum on the denuded wall of the Fallopian tube; that the tube was distended up to its bursting point, which generally was from the tenth to the thirteenth week. The condition of the subsequent pregnancy depended entirely upon the point at which that rupture took place. If the rupture was into the peritoneal cavity, then death took place from hemorrhage; and twelve of the specimens shown were illustrations of this. If, on the contrary, the rupture took place into the cavity of the broad ligament, the hemorrhage was slight, and the pregnancy might go on to full term. Many of these cases,

however, did not go to the full term; the foetus died, and was thrown off by suppuration through the bladder, rectum, or into the vagina, or ended in the formation of a lithopædion. A few well recognized examples of these are to be found in almost any museum. The minority of cases went on with the child living to full term, and could be operated upon. Mr. Tait had operated seven times under such circumstances. That the danger of rupture into the peritoneum is great was shown by the case of early rupture alluded to, in which the patient was well at two o'clock in the afternoon, and was dead from hemorrhage from a small point of rupture in the tube at nine o'clock at night. In occasional instances, if rupture took place into the abdominal cavity, the placenta was separated from the tube and obtained new attachments. As one example, he showed a preparation from a patient in Nottingham—to which town Mr. Tait was summoned to perform abdominal section on account of the condition of ruptured tubal pregnancy, which had been previously recognized. He opened the abdomen, removed the foetus, the placenta, and stump of the tube, and tied the latter. As soon as this was done the brisk hemorrhage ceased, and a part of the placenta which had become implanted on the intestine at the back of the uterus was removed, and the sites of it smeared over with solid perchloride of iron. The patient had made a perfect recovery.

#### Cocaine in Glaucoma.

Dr. Barrenechea reports to the *Revista medica de Chile* his experiences based upon personal observations of the use of cocaine in glaucoma. They are covered by the following propositions (*Deutsche Medizinal-Zeitung*, October 27, 1887): 1. The employment of cocaine in glaucoma produces only an anaesthesia of the conjunctiva. 2. In simple chronic glaucoma cocaine has no action. 3. The application of cocaine in chronic irritative glaucoma must be undertaken either in conjunction with pilocarpine or eserine, or some minutes before the use of these drugs. 4. If used alone in this case cocaine can give rise to an acute attack. 5. After the performance of an iridectomy in glaucoma, it is useful to employ cocaine in the combination just mentioned if pain in the ciliary region occur as a result of the irritation of the nerves. 6. Cocaine acts in glaucoma by promoting the circulation, and calling forth a greater and more permanent effect of the antiglaucomatous drugs named.

### Contribution to the Etiology of Syphilitic Dactylitis.

In a paper on this subject in the *Archiv für klin. Chirurgie*, xxxvi, 1887, p. 356, Dr. Franz Eschle, of Hamburg, sums up his conclusions from his reported cases as follows:

1. Not only gummatous new formations in the medulla of the bones of the fingers and periosteum lead to the changes comprised under the name syphilitic dactylitis, but also gummata arising in the soft parts through indirect implication of the former tissues.
2. Nothing contradicts, in his cases, the assertion of Lewin that in children the osteomyelitic, in adults the periosteal form, of dactylitis predominates.
3. In syphilis (only congenital?), hereditary influences may play an important part in the predilection for a certain form of symptoms and their localization.
4. Dactylitis seems to affect especially those who are rundown and badly nourished, and those who have a tendency to scrofula or tuberculosis.
5. The prognosis is bad. The obstinacy of the affection may lead to disability, with loss of the finger. It occasionally indicates so grave a form of syphilis that other complications arise which endanger the life of the patient.

### Strophanthus Hispidus in Heart Disease.

Dr. Leon Rosenbusch has employed strophanthus in a number of cases, and sums up the results of his observations in the following propositions (*Berliner klin. Wochenschrift*, Feb. 13, 1888):

1. It has a marked action upon the heart, increasing the power of its systole, lengthening the systole, increasing the arterial tension and slowing the heart's action.
2. It strengthens the heart-muscle and regulates the work of the heart.
3. It acts as a diuretic in diseases of the heart, but in diseases of the kidneys its diuretic action is very slight.
4. It does not disturb digestion as other heart poisons do, especially digitalis.
5. It may be employed for weeks without giving rise to cumulative action.
6. It is best employed in the form of a pure tincture, in doses of 10 to 20 drops, three times a day.
7. It is less vigorous in its action than digitalis, and is therefore indicated especially in those cases in which digitalis has not yet been tested.
8. It maintains, especially in severe disturbances of compensation, the effect of digitalis which has been previously administered.

9. The alcoholic tincture should be employed. This contains the whole of the bitter glucoside, while the ethereal tincture may disturb digestion.

10. In stenosis of the aortic valves its action is negative, as it lengthens still more the systole; it should not be employed in this disease.

### Care of the Eyes of School Children.

A very sensible decree has just been issued by the Austrian Minister of Public Instruction forbidding the use of books printed with small type in public schools, as shortsightedness is so prevalent amongst school children in Austria. The *Lancet* remarks that scientific supervision might very properly be given to school books in England, attention being especially directed to the size of the type, length of line, and spacing of letters and lines. In the works published by the Clarendon Press, the same journal thinks that no fault can be found in the respects just mentioned. The chief fault in German books is said to be their adherence to the very dazzling Old English shape of the letters, which certainly severely tries the eyes, in that it necessitates very close attention. The evil effect of this is heightened when the paper is coarse, and when the paper is read by insufficient light.

### Effect of Food upon the Composition and Nutritive Activity of Mother's Milk.

Dr. St. S. Zaleski, of Dorpat, Russia, concludes a series of papers upon the effect of food on the composition and nutritive activity of mother's milk (*Berliner klin. Wochenschrift*, Jan. 30, 1888), by the following propositions:

1. Mother's milk, very rich in fat, can of itself exercise a positively injurious influence upon the well-being of the child.
2. A luxurious diet, consisting exclusively of food very rich in albumen increases considerably the quantity of fat in mother's milk, diminishes the sugar of milk, but is of less influence upon the other constituents. Alcoholic beverages have a similar effect.
3. The desirable, and for the child in special cases, indispensable composition of the milk, may be attained through suitable diet and nourishment of the mother.
4. In women the effect of food upon the composition of the milk seems to be the same as it is in animals.
5. The fat of the milk is in all probability formed, in a direct or indirect way, out of the albumen-containing foods.

**The Conditions conducive to the Earliest Possible Healing of Operation-Wounds.**

In a paper read before the Surgical Section of the New York Academy of Medicine (*Med. Record*, Jan. 28, 1888), Dr. W. W. Keen stated these conditions to be as follows:

1. The use of the antiseptic method before and during the operation, and at the later dressings.
2. Thorough drainage.
3. Complete approximation both of the edges and raw surfaces.
4. The use of antiseptic dressings.
5. Securing absolute rest during the period of repair.

**Brain Surgery in Dublin.**

At a meeting of the Surgical Section of the Royal Academy of Medicine, in Ireland, March 2, 1888, three successful cases of trephining were reported and the discussion upon the papers was adjourned to a future night. These cases were all remarkable. Professor Thornley Stoker read particulars of a case in which a man fell from a cart while drunk. He came to the Richmond Hospital some days later, rather stupid, and with some lightly-marked paralytic symptoms. It was not easy to determine that he had not had an attack of apoplexy. The paralysis becoming more marked, Mr. Stoker trephined in the region of the fissure of Rolando—there was no fracture—and struck the margin of a blood clot. He again trephined and more fully exposed the clot, which was washed out. The area so compressed was about three inches, and the clot measured nearly an inch in depth. The patient recovered and was exhibited. Sir W. Stokes read a paper on a case of successful trephining for cerebral abscess, and exhibited his patient. The man had been struck with a poker on the left side of the mesial line of the head, about an inch anterior to the coronal suture. He was treated as an out-patient at another hospital, but ultimately applied at the Richmond, when he was admitted, several weeks having elapsed from the date of the injury. He soon presented brain symptoms, became convulsed and comatose, and it was determined to trephine. A small fracture was found under the scar; the dura mater bulging into the wound, an exploring needle was introduced to the depth of an inch and a half, and pus at last found. The dura mater was then incised, and one ounce and a half of pus was evacuated. The patient completely recovered, and is now attending

to his ordinary work. The paper noted eleven other cases of abscess which had been operated upon by various surgeons, and discussed the questions involved. The third case was brought forward by Dr. C. B. Ball, of Sir Patrick Dun's Hospital, and the patient was also produced. The lad had been struck with a small knife over the squamous portion of the left temporal bone ten days before admission. The wound was healed, but he had some aphasia. Pain in the head and ear supervened, and the aphasia increased. It was determined to explore. He was trephined some weeks after the original injury. A wound was found in the dura mater corresponding to the puncture of the bone. A sinus forceps was passed in, the wound opened up, and some blood clot escaped. The patient was decidedly better, but next morning he was again aphasic. The wound was washed out, and more blood clot escaped. The aphasia almost disappeared, but two days later it returned, and the wound was again washed. After this the patient progressed favorably, and is now well. Dr. Ball pointed out the rôle of the brain lesion, as indicated by the various symptoms of aphasia. The group of cases was a very remarkable one, and the record of them cannot fail to influence the views of the surgeons on the subject of brain surgery.—*British Med. Journal*, March 3, 1888.

**Gonorrhœa in a Baby.**

At a meeting of the Royal Society of Physicians in Budapest, January 21, 1888, Dr. Eröss showed a case of gonorrhœa in a boy sixteen months old. The mother complained that the child had had pain in urinating for four months. The meatus of the urethra was swollen and reddened, while from the urethra itself, seven or eight drops of a greenish-yellow pus, containing gonococci, were pressed out. No similar case is found in the chapter on diseases of the sexual organs by Prof. Bókai, in Gerhardt's *Manual of Diseases of Children*; but Dr. Cséri has recently reported two such cases. Under suitable treatment with injections, the discharge ceased in about a week, and the child was dismissed cured in two weeks more.—*Wiener med. Presse*, February 19, 1888.

—A family named Taylor, consisting of seven persons, and living near Sidney, Ohio, have all been taken sick as the result of eating ham which contained trichinæ. The ham was eaten raw, or but partially cooked.

THE  
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**ISSUED EVERY SATURDAY.**

CHARLES W. DULLES, M. D., EDITOR.

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**CEREBRAL LOCALIZATION.**

Since the brilliant developments of the experiments of Hitzig and of Ferrier in regard to what is called cerebral localization, there has been a certain tendency to the belief that the various functions of the brain are limited to definite, if not to well ascertained portions of it, and there have been men who held the opinion that in time we might be able to map out the exact part of the brain which presides over each physiological function. This fascinating hope has attracted many students of the nervous system, and has led to some remarkable and—it must be admitted—wonderfully successful surgical operations for the relief of conditions dependent upon lesions of the brain. But there is now a sort of reaction from this sanguine opinion; and a new theory is attracting attention. This theory, which is not unlike that of Flourens, who held that any function of the brain may be performed by any portion of the cortex, consists in the belief that there are two classes of so-called "centres" in the brain: absolute centres, which justify the use of such a term as cerebral localiza-

tion, and relative centres or "fields," which surround them and share their functions, while, at the same time, they pass by insensible gradation into other fields, surrounding other centres, so that there are points at which it appears probable that the function of any one of several distinct centres may be exercised. This is a view which has been defended of late especially by Exner; and in recent numbers of the *Deutsche med. Wochenschrift*, JASTROWITZ describes some of the results of modern study of the brain in order to show what appears to have been demonstrated in regard to this theory. It appears that the relation of the relative fields to the absolute centres is such that it requires a much more extensive lesion of the former to produce results like those produced by a comparatively small lesion in the absolute centres. Besides this, it seems to be a fact that the more distant the point in the relative field from the absolute centre, the greater must be the lesion to produce a corresponding effect upon the function presided over by this centre. Extirpation of an absolute brain centre results in a loss of function of the relative centre. The latter cannot replace the former.

A curious result of the study of brain function is the apparent demonstration that in most animals the left hemisphere presides more especially over the motor function, and the relative fields for motor impulses are larger than in the right hemisphere; while the right hemisphere seems to preside more especially over the function of sensation and to possess larger relative fields for this function than the left hemisphere does. But absolute centres for sensation are not found distinct from the motor centres; on the contrary the most active sensory centres coincide with the motor centres, even for single members so small as the finger. The region of the facial muscles seems to be the most sharply delimited and is separated from the zones for the muscles of the body. Upon the confines of its territory, districts are found presiding over single muscle groups. The absolute tongue centre is located in both sides of the lower section of

the anterior central gyrus and at the base of the inferior frontal gyrus; a relative field for the same is found in the supramarginal gyrus, higher up on the right side than upon the left.

The problem of mapping out the location of the seat of lesion in the various forms of aphasia is of the highest interest and importance, and is one on which the near future will probably shed a brilliant light. In this connection the unique case of Paget (*Brit. Med. Jour.*, December 10, 1887), is of the most profound interest. The patient was left-handed for everything but writing, and this fact is shown to have depended upon the location of the speech-centre in the left hemisphere, instead of—as usually happens in left-handed people—in the right. Pronounced aphasia accompanied his attacks of right hemiplegia, but the faculty of speech was normal in his attacks of left hemiplegia.

The demonstration of the existence of relative fields in connection with absolute centres in the brain, may be found to throw a new light on the formation of ideas, on the facts of re-education after lesions of the cortex, and upon many psychical functions. The ideal world of a person with partial or complete destruction of developed centres, either absolute or relative, is a different one from that of a person whose peripheral organs have been functionless from birth, or have become so from disease occurring during development. Destruction of the occipital lobes produces permanent blindness. But there is then a difference of mental life from that found in cases of congenital blindness. With destroyed centres, it is impossible to create new thought-pictures and ideas, in whose production the optical centre is a necessary factor; all connected emotions, and all movements which are their analogues or co-ordinates, all sounds and sensations which find their significance in optical images or processes, are utterly interdicted. Secondary changes, which are intimately bound up with the activities of the relative centres, must also sympathize with the deranged and extinguished functions, and the patient becomes in a certain sense demented.

#### THE EFFECT OF REMOVAL OF THE OVARIAS.

At this time, when the ovaries of women are so frequently removed for various conditions, it becomes interesting to formulate the effect of their removal on the organism. This is especially true since it is still frequently urged, by the opponents of operative interference, that the removal of the ovaries entails very serious consequences upon the patient, such as the growth of a beard, a squeaky voice, and the loss of feminine characteristics.

Operators generally agree concerning the after history of these patients. Hegar, especially, has studied the subject. As a rule the menopause sets in at once, or after a few irregularly periodical hemorrhages. In a small percentage of cases monthly hemorrhages recur for a greater or less length of time. This is sometimes due to incomplete removal of ovarian tissue—then true menstruation continues—exceptionally to the presence of a third ovary, and usually to the presence of pelvic inflammation, vascular dilatations, blood stasis, and pelvic hyperæmia, dependent upon the pathological conditions for which the operation was done, or developing subsequently. Menstruation continues more frequently after the removal of large tumors, than after removal for other causes. This is sometimes due to incomplete removal, when a part of the ovary remains in the pedicle; sometimes to mistaken diagnosis as to the origin of the tumor, and also, more frequently, to the presence of vascular dilatations.

The uterus, tubes—when they are left—and vagina undergo the same changes, in kind, that occur after the natural menopause. The uterus sometimes undergoes very rapid and marked atrophy. The tubes are seldom left, partly because it is thought that they have an influence in the production of menstruation, and also that they are liable subsequently to become distended with fluid—hydro- or pyo-salpinx. These atropic changes are brought about by the removal of the ovaries and obliteration of neighboring vessels by ligature and thrombosis.

Many persons become stout after operation. Sexual desire usually remains, but is some-

times lost. The distinctive mental and emotional characteristics of the female are not lost. Most observers have noticed a greater frequency and intensity of the usual vaso-motor disturbances, present during the natural climacteric. This is probably due to the frequent involvement of the nervous system in the morbid conditions calling for the operation, to the loss of systemic tone from previous ill-health and suffering, and also to the sudden removal of ovarian influence by extirpation.

Sterility is certain after the removal of both ovaries. Often it is present before, and a consequence of the morbid processes necessitating extirpation. The ability to have sexual intercourse is retained. The result in this respect differs from that of castration in the male, where it is usually lost. Indeed this function is frequently restored by the removal of inflamed and sensitive organs which had acted as an effectual bar. Mental depression, melancholia and suicidal tendencies, often a consequence of castration in the male, are not observed.

#### PROFESSIONAL CONFIDENCE.

In an editorial in the *REPORTER*, October 29, 1887, we expressed the opinion that it is the duty of a physician, as well as of any citizen of whatever class, to disclose to the authorities the whereabouts of a malefactor escaping from justice, although he may have learned this in his professional capacity. This opinion is sound in law, as we have assured ourselves by careful inquiry, and we believe it is equally sound from the standpoint of medical ethics, which cannot permit the shield of professional confidence to be used to protect criminals from the just reward of their crimes.

But there is a professional confidence which differs altogether from this, and which should be guarded with the greatest care. This is the confidence which a patient, unconvicted of guilt, voluntarily reposes in his or her physician. This we believe, should never be violated. No threat should be strong enough to wring from the right minded physician the secrets of his patients. Much less should a physician offer to disclose such secrets of his own free will.

It is with great regret therefore that we note the fact that, according to the *Indiana Med. Journal*, March, 1888, this is exactly what a physician of Indianapolis has recently done. Being a witness in a suit for a divorce, in which the reputation of a woman was involved, he is said to have offered to reveal certain secrets which she had confided to him as her medical adviser. This offer seems to have been rejected with scorn, and the Judge who tried the case was so shocked at the conduct of the witness that he said he "would not believe on oath a physician who would reveal confidential communications received from a patient while acting in a professional capacity."

This expression of the Judge's opinion marks the sense of distrust which the conduct referred to would inspire in the mind of every decent man. Much more may physicians repudiate such conduct, and, while they may not make themselves the screens of escaping criminals, hold to the highest sense of professional honor in guarding the voluntary or involuntary confidences of their patients.

#### SOLVINE.

Solvine is a whitish, opalescent substance prepared by the action of sulphuric acid upon oil of almonds or castor-oil. It acquires its peculiar name because it has a remarkable solvent power upon a number of comparatively insoluble substances such as iodoform, naphthalin, naphthol, salicylic acid, cantharidin, santonin, aloin, etc. It is miscible in all proportions with glycerine, and with substances dissolved in glycerine. It forms clear mixtures with ether, chloroform, benzole, turpentine, and essential oils; and these mixtures are themselves soluble in water, if there be no great excess of any one ingredient. These facts have led to a recommendation that solvine shall be used as an excipient for a variety of medicaments intended for endermic use, instead of lard, vaseline, lanolin, and so on.

But Professor KOBERT, of Dorpat, has recently called attention to a danger which, he believes, attends the use of solvine as an external application. This danger depends

upon its ready absorption through the skin, and consists in what Kobert considers distinct toxic properties. In a paper quoted by the *Gazette Medicale*, Feb. 18, 1888, from the *Therap. Monatshefte*, Dec., 1887, Kobert states that solvine rapidly dissolves the red blood-corpuscles in a test-tube, and that when injected into the veins of warm-blooded animals, it produces serious poisoning.

These facts certainly justify the opinion expressed by Kobert that solvine should be used with prudence. Still, we believe that there are no clinical facts which warrant the theoretical fears of Kobert. How far solvine has come to be used in practice we cannot say; but there need be no timidity in employing it as a vehicle for external applications simply because it breaks up red blood-corpuscles in a test-tube, or kills frogs. Here prudence is justifiable; but not fear; and it is to be hoped that a substance which has such extraordinary powers as a solvent will not prove to be dangerous when used for the purposes for which solvine seems to be so well suited.

#### TRACHEOTOMY IN WHOOPING-COUGH.

After speaking, in the *Deutsche med. Wochenschrift*, Feb. 16, 1888, of the ravages of whooping-cough in Germany, which he estimates roundly at about twelve thousand deaths annually, Roser suggests the advisability of practising tracheotomy in this disease, as soon as the paroxysms of coughing have made a serious impression upon the patient's health, and when, for example, all nourishment is vomited. The justification for this suggestion lies in the fact that the coughing is very much dependent upon irritation of the larynx; and Roser believes that if the passage of air through the larynx be prevented, this irritation will cease. More than this, he thinks that if the coughing should continue after tracheotomy, it will be much less violent, since a spasmodic cough is impossible after the trachea is opened. And, finally, opening the trachea makes it comparatively easy to make local applications to the larynx, if these should be deemed advisable. In any case in which

tracheotomy is performed for whooping-cough Roser recommends the use of his iodoform-tampon-canula, which we have already described in the REPORTER, March 17, 1888.

The idea of adopting tracheotomy as a part of the treatment of whooping-cough will strike most American physicians as decidedly heroic; especially as the disease is by no means so dangerous here as Roser believes it to be in Germany. Still, it is not infrequently dangerous enough, and sometimes it does prove fatal; and it may be that a timely tracheotomy would save a life otherwise doomed. If so, it would be a great mistake to reject a measure which appears to have much to recommend it on purely theoretical grounds.

#### STATE MEDICAL SOCIETY OF ARKANSAS.

The thirteenth annual meeting of the State Medical Society of Arkansas will be held at Fort Smith, April 25-27, 1888. A "preliminary circular" announces this fact, together with the conditions of membership, and the names of the men on the various committees for the current year.

The circular, which we presume has been distributed through the State, contains the following sensible suggestions from the Secretary, Dr. L. P. Gibson:

"The members are requested to read carefully the list of committees, and to remember when their names appear there that they have not been put on the committees for ornaments, as a compliment, or to fill up the list, but solely with the object of getting as much valuable work as possible from every member of each committee.

"Chairmen are asked to correspond with every member of their respective committees, and induce them to prepare papers on the specific subjects to which they have been appointed. The foundation of the work for the meeting is almost entirely laid by the committees, and if the material furnished by them is insufficient or defective in quality, the labors of the session will be the same. The only way to have an interesting and valuable meeting is to prepare for it

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beforehand, and to commence now. Secretaries of local Societies are requested to send to the Secretary of this Society, as soon as appointed, a list of the delegates and others who will attend from their respective counties. A full programme for the entire meeting will be sent to each member as soon as the necessary information can be obtained."

We reproduce these suggestions—not so much to call attention to the admirable method adopted to promote the success of the Arkansas State Society, as to commend it to the imitation of other State Societies. A little preliminary work of this kind could not fail to increase the activity and usefulness of any such organization.

## BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the *REPORTER*.]

### TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Thirtieth Annual Session. 1887. 8vo, pp. xii, 159. St. Louis: Ed. E. Carreras, Printer.

One of the most interesting papers in the volume of transactions is that by Dr. H. H. Middlecamp on "The Personal Qualifications of the Surgeon," while those on the "Proper Food for Infancy and Childhood," by Dr. B. F. Hart, contains much sensible advice. A paper on "State Medicine," by Dr. J. M. Allen, and a communication by three members of the Association in regard the status and prospects of the Missouri State Board of Health are of more than local interest. As a whole, the volume is an excellent representation of the views of the medical profession in Missouri, where we find there are many firm believers in the germ-theory of disease, and some who sneer at it. The papers presented at the meeting here reported were largely devoted to surgical subjects, and not a single one discussed any of the common diseases, such as phthisis, typhoid fever, scarlet fever, etc. It is to be hoped that this indicates that these diseases are not so common in Missouri as they are in most sections of the country.

## PAMPHLET NOTICES.

### ON THE MODE OF DEVELOPMENT AND COURSE OF MOLLUSCUM FIBROSUM, ETC. BY R. W. TAYLOR, M.D., New York. From the *Journal of Cutaneous and Genito-Urinary Diseases*, February, 1887. 13 pp.

A FURTHER CONTRIBUTION TO THE STUDY OF MOLLUSCUM FIBROSUM; ETIOLOGY; FIBROMATOUS INFILTRATION AND ITS RELATION TO KELOID. BY R. W. TAYLOR, M.D., New York. From the *Journal of Cutaneous and Genito-Urinary Diseases*, May, 1887. 11 pp.

THE TOXIC EFFECTS OF IODOFORM, CUTANEOUS AND SYSTEMIC. BY R. W. TAYLOR, M.D., New York. From the *New York Medical Journal*, October 1, 1887. 20 pp.

A SECOND CLINICAL STUDY OF HEMIANOPSIA. CASES OF CHIASM-LESION. DEMONSTRATION OF HEMIOPIC PUPILLARY INACTION. BY E. C. SEGUIN, M.D., New York. From the *Journal of Nervous and Mental Disease*, November-December, 1887. 19 pp.

A CLINICAL LECTURE ON TUBERCULAR MENINGITIS. BY DANIEL R. BROWER, M.D., Chicago, Ill. From the *Journal of the American Medical Association*, January 7, 1888. 15 pp.

TUBERCLE OF THE TESTIS. BY R. W. TAYLOR, M.D., New York. From the *American Journal of the Medical Sciences*, January, 1888. 8 pp.

PUNCTURE OF THE INTESTINE FOR TYMPANITES. BY J. CHRIS. LANGE, M.D., Pittsburgh, Pa. From the *Pittsburgh Medical Review*, February, 1888. 12 pp.

ON THE USE OF THE VAGINAL TAMON IN THE TREATMENT OF CERTAIN EFFECTS FOLLOWING PELVIC INFLAMMATIONS. BY THOMAS ADDIS EMMET, M.D., New York. From the *New York Medical Journal*, February 18, 1888. 16 pp.

—Dr. Taylor's pamphlet contains an interesting study of the pathological history of molluscum fibrosum, especially in connection with its relation to acrochordon and other warty growths on the skin. The relation described is very interesting, and rests upon a careful study of a case of molluscum fibrosum, which covered a long period of years.

—Dr. Taylor's second paper on molluscum fibrosum contains a continuation of the study which formed the object of the pamphlet last noticed. The author here considers more especially the relation of molluscum fibrosum to keloid, and describes two cases under his own observation in which the appearance of the former seems to be attributable to traumatism, thus corresponding to the usual history of keloid.

—Dr. Taylor has studied the local and systemic effects of iodoform used as an antiseptic, and he presents the results of this study in a very practical paper. He finds that there are too many reports of mild or severe iodoform poisoning to permit an explanation of them on the ground of idiosyncrasy. He advises surgeons not to use iodoform unsparingly, not to rub it into fresh wounds, not to renew it too often, not to combine its use with the employment of other antiseptics, and to use it with caution on patients who are quite young or quite old, or who are anemic, neurotic, or suffering with a weak heart or with Bright's disease.

—Dr. Seguin's paper is a very finished study of the interesting subject of hemianopsia, as illustrated by three cases, the clinical history and rational signs of which seem to justify his opinion that the defect was due to a lesion situated at the optic chiasm. The cases are admirably described, and the written description is supplemented by excellent wood-cuts. The method of investigating these curious cases, as given by Dr. Seguin, is calculated to be of especial service to students of diseases of the eye and of nervous diseases.

—Dr. Brower's paper describes the history and pathological lesions of tubercular meningitis very clearly, and especially well the changes which are sometimes observed at the inner margin of the iris. The last are illustrated with three diagrammatic

wood-cuts. Dr. Brower expresses the opinion that incisions of iodoform upon the shaved scalp are the best means of treatment yet discovered, and prudently suggests that careful management of children with a tendency to tubercle may go far toward preventing the development of this dangerous disease.

—Dr. Taylor gives the clinical history and the macroscopical and microscopical appearances found in two cases in which he removed both testes for supposed tuberculosis. In both the diagnosis seems to have been correct, although no mention is made of finding tubercle bacilli in the organs removed from one of the patients, while such a discovery is distinctly asserted of the other. The paper is illustrated with well executed wood-cuts.

—Dr. Lange takes the somewhat unusual position that puncture of the intestine for the liberation of gas, which is producing great distension of the abdomen and consequent pressure upon the contents of the thorax, is a justifiable and useful operation. Most surgeons have a great fear that such a procedure may cause peritonitis, and that its dangers overbalance its benefits. Dr. Lange holds a diametrically opposite opinion, and supports this opinion by an interesting argument, and by citing eight cases in which he punctured the intestine for tympanites with excellent results. Two of his patients died, it is true; but there seems no reason to attribute their death to the operation, while six of his patients recovered. For the details of these cases and the manner of performing the operation we must refer our readers to Dr. Lange's valuable paper.

—The first part of Dr. Emmet's scholarly paper is occupied with a statement of the advantages to be derived, in suitable cases, from the use of hot-water injections for the relief of inflammation of the pelvic viscera of women. He then considers the use of the vaginal tampon, which does great good in certain cases of inflammation with relaxation of the veins of the uterus and its appendages. The material preferred by Dr. Emmet is clean cotton—not absorbent cotton. He chooses this rather than wool, which is now in great favor, and which appears in the hands of other surgeons to have answered the purpose admirably.

#### LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—*The Climatologist* is the name of a new periodical "conducted" by William C. Chase, and published in Washington, D. C. It is a quarterly journal, large octavo size; price, 50 cents a year. The first number contains 64 pages. The matter is interesting, though much of it is far from fresh. The paper and printing are poor, and there are a number of evidences of careless proof-reading. It is to be regretted, also, that its first number is disfigured by advertisements inserted in the middle of the reading pages, and inseparable from a part of its scientific contents. A journal which appeals to the sympathy of older ones should not begin with a practice which is regretted by all, and repudiated by the best.

—The *Dental Cosmos* for March, 1888, contains 80 octavo pages. This increase in the size of the *Cosmos* will be permanent, and will materially enhance the value of a periodical which always enjoys an enviable reputation.

*The Prophylactic* is the name under which the *Canada Health Journal* now appears. The first number of the new series is dated February, 1888. It contains 40 octavo pages of interesting matter relating to hygiene. It is published in New York by M. B. Playter & Co., monthly, at \$1.75 a year.

—“Dr. Griffith Gramtry,” by Julian Hawthorne, in *The Cosmopolitan* for March, is a dramatic story, hinging upon the hypnotic power that an unscrupulous man exerted upon a couple, just married, and spending the honeymoon on a picturesque portion of the Irish coast.

#### CORRESPONDENCE.

##### To what Class of Fungi does the Diphtheritic Belong?

EDITOR MED. AND SURG. REPORTER:

Sir:—In looking up the literature of fungi, my attention was called to some quotations from the works of Prof. Hurtig (*Nature*, January 12 and 19, 1888), on the *dry-rot* of timber, which he shows proceeds from the growth of the *merulius lacrymans*, and from the *polyporus vapriosus*. The surface of the fallen timber or joist is covered with a whiteish or colored membrane made up of a mat of fine threads, the roots or *hyphae*, penetrating the pores of the wood deeply, disintegrating it and causing it to fall to pieces. When the nutriment or moisture under it is exhausted, it sends out long threads to other wood where moisture is more abundant.

The *merulius* grows on dead timber; the *polyporus* on living, its mycelium appearing in long, white ribbons, or thick, leathery membranes of a yellow color. Its roots extend deeply into the tissue of the wood, causing softening and decay. It can be transplanted, but for some time the spores could not be made to germinate. It was found that the *merulius* required an alkali, which, in damp places, is in the form of ammonia, from decomposition. It is not stated how the *polyporus* is produced from spores. In making some microscopic examinations of both forms of fungi, I was struck with the resemblance of the mycelium of the *polyporus vapriosus* to the diphtheritic membrane, and also to the similarity of its transference and manner of reproduction. Diphtheritic membrane can be transplanted. I have a distinct recollection of a patch that appeared on a small bruise on my finger, and the difficulty I

had in removing it from a large, blistered surface. We have been classifying it as a *schizomyces*, when in fact, it is a fungus of a higher order: a *hyphomycetis*. We have been looking for the bacteria and micrococci, which produced the disease, and describing the membrane as an exudation, instead of treating it as a fungus that grows on the surface and has its roots penetrating the tissues. We have two or three diseases evidently of the same class, but milder: the aphthæ or thrush of children, which is recognized as a mould—*oidium albicans*—whose roots penetrate the mucus membrane, and which is capable of being transplanted and being propagated by spores. We have also favus and herpes (ringworm?) which are fungus diseases.

There is no diphtheria now in my vicinity, so that at present I have no means of making any microscopic examination. Will some one who has the opportunity, do so? For, if the fact can be established, it will have much to do with our treatment of this formidable disease. A fungus is planted in the throat; it spreads by fibrillations; its roots enter into the tissues below, disintegrating them and generating a poison, which is taken up by the circulation; and then a local disease becomes constitutional. The softened tissue forms a soil for the development of bacteria and putrefaction, and entire destruction takes place. Otherwise, the membrane extends farther into the air-passages, and so fills them up that death takes place from suffocation. Diphtheria transplanted to the surface produces severe irritation and a troublesome sore, which is not cured until the membrane is destroyed.

P. J. FARNSWORTH, M. D.  
Clinton, Iowa, Feb. 22, 1888.

#### Pamphlets Noticed.

##### EDITOR MEDICAL AND SURG. REPORTER:

*Sir*:—The REPORTER often contains notices of pamphlets which seem to be very valuable. Of whom may they be procured? Of the general medical book trade?

Yours truly,  
DRS. WORTHINGTON & WILSON.  
Merrill, Wis., March 6, 1888.

[One who wishes to obtain a pamphlet noticed in the REPORTER may address us for it, or the author of the pamphlet, or the journal in which it originally appeared. Either course will usually secure a copy without cost, except postage, which ought always to be sent.—EDITOR.]

#### NOTES AND COMMENTS.

##### Bichloride of Mercury Internally in Circum-uterine Inflammations.

In the *New York Med. Journal*, January 28, 1888, Dr. H. N. Vineberg has a communication upon the internal administration of bichloride of mercury as an adjunct to the local treatment of circum-uterine inflammations. He reports several cases in which he has employed this drug, which he gives with compound tincture of gentian and water, in the strength of one grain to three ounces of the mixture; dose, a teaspoonful three times a day, after meals.

The patients, he says, took the mixture readily, and, with only one or two exceptions, no complaint was made on the score of its taste. Some of the patients took the remedy in the dose stated continuously for four or five weeks without the slightest evidence of mercurialism. It was usually then omitted for a week, more for precaution's sake than on account of any untoward effect of the drug. On the contrary, the appetite of the patients while they were taking it usually improved, as did also their digestive functions. When anæmia was present, the bichloride was combined either with tincture of chloride of iron or with reduced iron in the form of a pill. In some cases he gave as much as one-sixteenth of a grain—a dose which the patients seemed to bear as well as the smaller ones. From his observations, which have just been referred to, he draws the following conclusions, which he thinks are warranted:

1. The use of bichloride of mercury internally forms a valuable aid to the local treatment of circum-uterine inflammations.
2. In the doses necessary for its resolvent effect the drug may be given for several weeks without any untoward constitutional manifestations.
3. In some cases, where the inflammatory products are deeply situated within the pelvis, the internal use of the drug seems to be more efficacious than the most approved local treatment.
4. A short course of the drug often serves as an important means for the differential diagnosis of the various obscure conditions which give rise to pelvic pain.

##### Communication of Tuberculosis by Ritual Circumcision.

Mr. F. S. Eve, assistant surgeon to the London Hospital, in a communication on the above subject to the *Lancet*, January 28, 1888, reports the case of a Jewish child,

five months old, who was admitted into the hospital on August 23, 1887, with a large globular, fluctuating swelling in each groin. The skin over these swellings was red and thinned. On the under surface of the penis, at the site of the frenum, was a small superficial sore. The abscesses were opened, and a quantity of pus, containing some masses of caseous material, was evacuated. Their walls were then scraped. The child's condition improved, and in fourteen days he left the hospital, with a sinus in each groin, discharging only a small amount of pus.

The mother of the child stated that it had been circumcised on the eighth day, and the wound appeared to heal properly. Six weeks afterwards she noticed a small swelling in each groin, and it was then found that the circumcision wound had either broken out again or had not healed. Caseous material taken from the abscesses by Mr. Eve produced intense general tuberculosis in a Guinea-pig which was inoculated with it.

#### Oil of Sandal Wood for Gonorrhœa.

Dr. M. H. Linhart, in *Wiener med. Presse*, Nos. 29-34, 1887, strongly recommends the use of oleum santali in the treatment of gonorrhœa. He gives the oil in capsules containing each three drops; and orders these capsules to be taken each morning and evening—that is, eighteen drops each day. When the discharge does not diminish materially in ten days, he increases the quantity to be taken to twenty-four, and, in rare cases, to thirty drops a day.

According to Linhart, sandal-wood oil can be given in any stage of gonorrhœa, and is not contra-indicated by any of its complications. In his experience the average time required for a cure under this treatment was four weeks; by the method of injections he has found it to be six weeks.

The use of sandal-wood oil for gonorrhœa is not a therapeutic novelty, and it is certainly not an infallible means of effecting a cure; but it is a good thing to know what it may do, and to give it a trial in the treatment of this stubborn disorder.

#### Application for Warts.

E. Vidal recommends the following solution:

- R. Acidi salicylici.....1 part  
Alcoholis (90 %).....1 "  
Etheris sulph.....2½ "  
Collodii.....5 "  
M. Sig.—Paint the warts daily with the solution.

#### Oleate of Copper for Ringworm.

The *New Orleans Med. and Surg. Journal*, March, 1888, states that Dr. Blanc, of that city, has recently treated twenty-seven cases of ringworm of the scalp with oleate of copper. The following is the formula:

Oleate of copper.....½ drachm.  
Vaseline (or lanoline).....1 ounce.

Mix.

The child's head was first washed thoroughly with soft soap and warm water, after the hair had been cut as close as possible. The head is then well dried, and the ointment rubbed in the scalp, over and beyond the diseased spots, and allowed to remain on. The head is scrubbed only once a day, but the ointment is applied night and morning. Chrysarobin was also tried, but abandoned. Dr. Blanc found the oleate of copper especially useful in cases of tinea complicated with "kerion" (a humid, boggy, honeycombed condition).

The average duration of treatment was four months and four days—the shortest time being seventy-four days, and the longest one hundred and sixty-six days. All the cases were cured. The disease was communicated to the boys by two pet cats who were affected with it. Epilation was not practiced in any of the cases.

This result is an exceedingly happy one, and Dr. Blanc deserves to be congratulated upon it. It is to be regretted, however, that no mention is made of the length of time the boys were kept under observation after their apparent complete recovery. The disease is so treacherous that no case should be finally dismissed as positively cured which has not been found to be free from all evidence of relapse for at least two months.

#### For Rheumatism.

L. A. Smith sends to the *Chemist and Druggist*, Nov. 26, 1887, a sample of a specific for rheumatism, to which many marvellous cures are attributed,—some, indeed, with one application. The "specific" is an oily fluid, of a pale straw color and slightly terebinthinate odor. A preparation similar to it is afforded by the following formula:

Oil of anise.....	fʒij
Oil of turpentine.....	fʒij
Oil of camphor (natural).....	fʒij
Olive oil to.....	fʒx

Mix in the order given.

The statements regarding the miraculous influences of such preparations as this must always be taken *cum grano salis*. The heating nature of the mixture no doubt affords temporary relief, which is enhanced by faith, —and there is a great deal in the rubbing.

**Professional Confidence.**

The following somewhat unusual action of a medical man in reference to secrets of the medical "confessional" is narrated in the *India Medical Gazette*. In the court of Madras, A prosecuted B under the Penal Code, for adultery with A's wife. The fact was sworn to by A's wife in court. Dr. C., a surgeon in the Madras medical service, sent word to the counsel for the defense that he could give testimony which would help the accused. On being summoned, he narrated facts made known to him in conversation with Mrs. A., regarding a previous adultery. This evidence was ruled out, as Mrs. A. was present to declare what she did say, and she totally repudiated the conversation. The judge, moreover, censured the doctor for volunteering to give away the secrets reposed in him professionally, but said that if he were summoned involuntarily he would have been obliged to testify to facts thus learned. If the latter is the case, and the law had no respect for professional secrecy when it summons a witness to its own aid, it is a delicate question how far, supposing the doctor to have been honest in his testimony, he was obliged to sit still and see an innocent man suffer injustice from want of that evidence which under slightly different circumstances the law has a right to extort.—*Boston Med. and Surg. Journal*, March 8, 1888.

**Rumination in the Human Subject.**

Two cases of this rare abnormality are recorded by Dr. Axel Johannessen in the *Zeitschrift für klin. Med.* 1887, Bd. 12, S. 321. In the first case, the patient, a man 25 years old, had suffered in his fifteenth or sixteenth year, from some cerebral affection, diplopia, giddiness, tinnitus aurium, head ache, and stomach ache being present. After these, came disturbances of some organs of sense, convergent squint of the right eye, deafness of both sides. Later on, deposits of chalk were observed in the tympanum, and loss of smell on the left side. Moreover, all kinds of food after they had been chewed and swallowed, returned in from half an hour to two hours, and were again masticated and swallowed, with pleasure. The regurgitated morsels were not ejected until within the last six months, since which time a sour, bad smelling fluid has accompanied them. Since then, also the appetite has failed, and the patient has become thinner. In the second case, the rumination appears to have come on after the eruption of some teeth, which was accompanied with febrile symptoms. The

patient was a healthy boy, 10 years of age, born of healthy parents. The boy is now a man of 28, but the rumination still continues. It can neither be set up, nor kept back by any voluntary effort, and in this case also it is associated with pleasurable sensations. Before the regurgitation begins he experiences a feeling of pressure about the level of the larynx. This, however, disappears when the regurgitation has taken place.—*Medical Press and Circular*, Feb. 1, 1888.

**Large Nævus in an Unusual Location.**

Dr. A. McShane records the following interesting case in the *New Orleans Medical and Surgical Journal*, December, 1887: The patient was a young white man, aged 20, in good physical condition. Five years ago a friend, while looking at his back teeth, observed a large swelling on the right side of the soft palate. In October, 1887, there was a large purplish bulging in that locality, involving the pillars of the fauces and the uvula, which is three-fourths of an inch long, and very thick. Immediately to the right of the uvula is a slightly elongated, blackish mass, projecting downward, which consists of distended veins. All over the surface of the swelling numerous dilated blood-vessels are seen, giving a mottled, purplish aspect to the tumor. The swelling is soft. The patient does not know how long he has had it; he himself first noticed it five years ago, and it was as large then as it is now. The swelling is a large nævus, occurring on the mucous membrane of the soft palate and fauces. It causes no inconvenience in swallowing or speaking, but swells a little when he gets a cold.

**The Propriety of Operating for Fistula in Ano when Phthisis Exists.**

Dr. Joseph M. Mathews, Professor of Surgery in the Kentucky School of Medicine, states his opinions with reference to the propriety of operating for fistula in ano when phthisis exists, in the following propositions, (*Atlanta Med. and Surg. Journal*, February, 1888):

1. In incipient phthisis the operation is always justifiable, other things being equal.
2. In the rapid, progressive fistula, an operation should be done to save tissue and prevent serious consequences.
3. If great cough exists it should militate against the operation.
4. If it can be determined that the sinus is single and the discharge, inconvenience and pain not great, advise against the operation.

**So-called Idiopathic Dilatation of the Colon.**

At a meeting of the Clinical Society, of London, Jan. 27, 1888, Dr. Angel Money and Mr. S. Paget read a paper on a case of so-called idiopathic dilatation of the colon. The patient was a man 55 years old, an habitual drunkard who suffered from enormous distention of the colon, with dyspnea and bronchitis. The girth of the abdomen was over 60 inches, and the measure from the ensiform cartilage to the pubes 26 inches. There was albuminuria. He was first treated by Mr. Paget at St. Thomas's Home by repeated punctures. These gave great relief; he improved so much that he refused further treatment, and returned to his drunken habits. He was admitted into University College Hospital a week later, under Dr. Angel Money, with the same enormous distention, lividity, and dyspnea. He was much relieved by the use of the long rectal tube, but sank and died a week after admission. At the necropsy all the signs of habitual drunkenness were found, including typical "hobnail" liver. There was enormous distention of the colon, principally of the sigmoid flexure, which formed two huge sacs extending right across the abdominal cavity. There was no organic stricture. Dr. Money is of opinion that a twist of the sigmoid flexure or a spasmodic stricture may have been present; or else that some morbid state of the blood, or the mere presence of an excess of gas, may have started the disease. The bowel was hypertrophied as well as dilated.

The omentum was in a state of chronic cirrhosis, but was not adherent, nor displaced into a hernia. The meso-colon was not unnaturally long.—*Medical Press and Circular*, Feb. 1, 1888.

**Court-Bibles and Disease Germs.**

Dr. Drescher, State Analyst of New Jersey, was a witness in a case, tried before a Justice of Newark, N. J., on March 2, and before giving testimony in the case, he merely made a pretence of touching his lips to the time-stained volume. The counsel for the accused observed the doctor's omission, and, after arguing the case in every way that his ingenuity could suggest, he raised the point that Dr. Drescher's oath in the case was invalid, because he intentionally avoided kissing the book.

A tilt between the lawyers followed, and Dr. Drescher admitted that he did not kiss the book, but said the omission was prompted by sanitary motives and not by irreverence.

He said he was afraid to touch his lips to an article that might cause disease. "So many different persons have kissed that book that I do not think it safe to touch my lips to it."

Justice Otto said the case must be reopened, and that the doctor must be sworn properly. Dr. Drescher then took the Bible, gave it a sounding smack, and then vigorously rubbed his lips with his handkerchief to remove any bacterial germs which might have been taken up in the process of osculation.

**The Language of Twins.**

Dr. W. H. S. Crabb writes to the *St. Louis Med. and Surg. Journal*, Jan., 1888, that he has frequently observed that twin children, if both live and are kept together, do not learn to speak and use words that can be understood as readily as other children, but on the contrary they almost always understand each other. He is satisfied that there is really something more than a mere coincidence in it. He says he is acquainted with a couple of twin boys, seven years old, who can understand each other, although it is impossible for their parents or any other person to understand one word they say. He also knows of twin girls, sixteen years old, who can talk to each other, but to another person their language would convey as little meaning as the ancient Hebrew would to a person who had never learned that language. The young ladies mentioned can use a great many words common to the English language in talking with other people, but in conversation with each other they use a language of their own invention and peculiar to themselves. In each of the cases referred to he recommended the separation of the children so that necessity, the mother of invention, would cause them to use the language of the persons with whom they come in contact.

**Prescriptions for Phthisis.**

The Paris correspondent of the *Medical Press and Circular*, February 1, 1888, states that the following prescriptions have been much used by Paris physicians:

R	Potass. iodidi.....	3iss
	Sodii arseniat.....	gr. j
	Syrupi aurantii.....	1 <i>ij</i>
	Aqua.....	q. s. ad 1 <i>ij</i>
M.	S.—Tablespoonful every morning.	
R	Creasoti.....	mgj
	Iodoformi.....	gr. ss
	Ext. opii.....	gr. $\frac{1}{2}$
M.	ft. pil. No. j. S.—To be taken morning, noon and night.	

**Christian Science.**

Dr. Edward J. Doering writes to the *Chicago Tribune*, January 17, 1888, that the recent death in Chicago of a patient of the so-called Christian scientists was by no means the first occurrence of this kind. He states that he, as well as many other physicians, has signed death certificates for many deluded victims of "Christian Science." He adds: "We do so in order to save the family and friends of the deceased the mortification of a Coroner's inquest, when we are satisfied, of course, that nothing of a criminal nature—in a legal sense—has occurred. If these Christian healers could only be sentenced to the work-house at hard labor for the term of one year, and their patients be sent for a similar period of time to an institute for feeble-minded persons, a large number of cranks could be restored to common sense and many an untimely death be averted."

**Tetanus after Hypodermic Injection.**

The *Lancet*, January 28, 1888, states that a child six years old suffering from miliary fever was treated first with quinine administered in pilules and by inunction, and then by a subcutaneous injection. One month later the fever had disappeared, but the child complained of pains in the left arm and at the point of injection; trismus supervened in three days, tetanus developed, and death occurred on the sixth day. If this was really a case of traumatic tetanus, the period of incubation was rather longer than the usual seven to fourteen days.

**Adonis Vernalis.**

This drug was first recommended by Meud and Cullen, in England, as a diuretic and purgative, and subsequently by G. Sée, Laborde and Le Gris. It is used in place of digitalis in heart diseases and dropsy, but its action is greater as a diuretic than as a heart stimulant. Nausea, vomiting and diarrhoea are easily produced by it, but it has no cumulative action. It may be given in the form of the infusion, of a strength of two to four per cent., in doses of a tablespoonful every two or three hours.

**Congenital Torticollis.**

Dr. John D. S. Davis, from a study of this affection (*N. Y. Med. Journal*, February 4, 1888), concludes:

1. That it is rare and doubtful if ever congenital torticollis is produced through the act of delivery, resulting from faulty applica-

tion of the forceps, or from pulling out the trunk before the head is extracted; but that the cause may often be found in the low vitality of the foetus of scrofulous parentage.

2. The complete resection of all the contracted (contractured) tissues is necessary before attempting to restore the head to its normal position.

3. That, after complete section of the tissues, the head should be placed immediately in the normal position, and retained there for ten or fifteen days.

**Improved Method of Making Suppositories.**

Some time ago Mr. Adolph Vomacka, the accomplished pharmacist and editor of the *Rundschau* (Prag), contributed to his journal a new and improved method of making suppositories of those medicines which do not easily or thoroughly incorporate with cacao butter under the old process (such, for instance, as green extracts, iodoform, etc.) Very recently M. Leboutte, a Belgian pharmacist, contributed the same, as original, to the *Bulletin of the Pharmaceutical Society of Brussels*. It is as follows: Reduce a sufficiency of cacao butter to a powder in a mortar, mix the medicinal agent, and add a small quantity of soap. When the whole is reduced to a powder, add a small quantity of water and work up the mass as though pills were to be made. Divide and make into cones in the usual manner.—*National Druggist*, Feb. 15, 1888.

**Terpinol Pills.**

Terpinol, the new antiseptic derivative of turpentine, is coming rapidly into practice not only in Europe but in America. Benzoate of ammonium is one of the remedies with which it is combined in prescriptions, especially in pill form. Considerable difficulty was at first experienced in making the latter, and the following, sent by O. Kaspar to the *Chemist and Druggist*, is the best solution of the difficulty we have yet seen:

Take of

Terpinol.....	10 parts.
Ammonium benzoate.....	10 parts.
Cerae flav. ros.....	10 parts.
Pulvis constituens.....	10 parts.
Glycerin, tragacanth .....	q. s.

The *pulvis constituens*, constituting the fourth ingredient, consists of equal parts of gum arabic, sugar and powdered althea. The only difficulty about this formula is that it makes rather a large pill.—*National Druggist*, Feb. 15, 1888.

**Detection of Concealed Insanity.**

Dr. Allan McLane Hamilton, in a communication to the *New York Med. Journal*, upon the detection of concealed insanity by the use of nitrous oxide gas, says that its use for that purpose was suggested accidentally to him by a case of insanity with concealed delusions. He has invariably found, when the patients studiously avoided betraying their mental weakness from fear of asylum detention or commitment, or when there was no such restraint—that the simple suggestion of the suspected condition, or the mere establishment of the first grade of intoxication—would result in their giving prompt expression to not only delusions, but sometimes hallucinations. The particular form of monomania would be intensified, and even new applications of the dominant false idea would be made.

**Physiological and toxic Action of Cocaine.**

*Le Concours Médical* states that M. Laffont has communicated to the Academy of Sciences and the Academy of Medicine some conclusions relative to the following physiological effects produced by cocaine:

1. General peripheral analgesia, only involving the extremities of the peripheral nerves.
2. Preservation of the excitability of the nervous trunk, and even a notable increase in this excitability.
3. Persistence of the reflexes in spite of peripheral analgesia.
4. Finally, and as a deduction from these facts, the contrast between the action of cocaine and that of curare; the former exerting its influence upon the sensitive nerves; the latter upon the motor nerves.

M. Laborde confirmed the investigations of Laffont, and suggested that there was a true physiological antagonism between cocaine and curare.

**Extraction of the First or Sixth Year Molar.**

In a paper in the *Independent Practitioner*, February, 1888, on the extraction of the first or sixth year molars, Dr. G. W. Weld makes the following points with reference to it:

1. Its title to longevity can only be questioned under neglect and abuse.
2. It is the keystone molar; with it the integrity of the arch is preserved; without it the usefulness of the arch is impaired, if not destroyed.
3. Its extraction at an early period signifies

a loss of masticating surface that is absolutely detrimental to the health and comfort of the patient in early life.

4. In view of the prominent position it occupies in the arch and its relation and influence as a just poise or balance in the distribution of the varied strains incident to mastication, its extraction can only be considered a physiological mistake.

**Physostigmin in Chorea.**

L. Riess reports, in the *Berliner klin. Wochenschrift*, No. 22, 1887, the result of his treatment of chorea and other hyperkinetic affections with physostigmin. He has obtained successful results from hypodermic injections of  $\frac{1}{10}$  —  $\frac{1}{5}$  of a grain several times a day. The duration of the disease was shortened in nearly all cases, and recovery sometimes occurred in five days. With the exception of vomiting, no bad effects of the drug were observed.

**Cocaine as a Means of Differential Diagnosis.**

In a communication to the *Wiener med. Wochenschrift*, No. 44, 1887, Baumgarten expresses the opinion that if an infiltration in the larynx subsides for some time after being painted with cocaine, the diagnosis can be made of a catarrhal trouble. But if the cocaine produces no diminution in the swelling, nor paleness, then the disease is to be regarded as serious; and if no diminution in swelling, nor pallor, occur even after some days, then catarrhal troubles can be excluded.

**Early Appearance of Menopause.**

Dr. I. K. Frazer communicates to the *Texas Courier of Medicine*, February, 1888, the notes of a case in which the menopause was apparently established at the early age of nineteen years. He is unable to assign a cause for this result, as the general health seems perfect.

**Lunacy in Scotland.**

The twenty-ninth annual report of the Lunacy Board for Scotland deals with the statistics of lunacy from 1858 to 1887, from which it appears that the number of pauper lunatics in asylums had increased up to 1882, when it stood at 188 per 100,000. Last year the number fell to 184. The number of private lunatics in establishments reached 39 per 100,000 in 1881, and now stands at 38. There had been a steady annual increase up to 1882.

**Toothache.**

Dr. Popoff, writing in the *Russkaya Meditsina*, states that he has succeeded in relieving toothache caused by caries of the teeth by making the patient rinse the mouth every half-hour with a dessertspoonful of a twenty per cent. solution of permanganate of potash, taking care to hold the liquid in the mouth for some minutes.

**Simple Prescription for Small-Pox.**

The *Chemist and Druggist* says that Sheffield chemists have of late had quite a run on the following prescription:

Cream of tartar.....	1 oz
Powdered rhubarb.....	14 grains

It seems that a clergyman, in a letter written to a Leeds newspaper, had recommended it as an infallible remedy for, and preventive of, small-pox. The Sheffield papers copied his letter, and rhubarb and cream of tartar now hold the field.

**Pruritus Vulvæ following Leucorrhœa.**

Verrier recommends the following solution:

Carbolic acid.....	9 minims
Acetate of morphine.....	7 grains
Dilute hydrocyanic acid.....	50 minims
Glycerine.....	3 drachms
Water.....	4½ ounces

After the parts have been washed and allowed to dry, they should be dusted with powdered starch. If the pruritus still persists, insert a cotton tampon, wet with the above solution, between the lips of the vulva, and secure it with a bandage.—*Union Médicale du Canada*, February, 1888.

**Formula for Dysmenorrhœa.**

*L'Union Médicale du Canada* says that Calvin's formula is:

Tincture of gelsemium,	
Camphor water,	
Deodorized tincture of opium..	ââ..f3ij
Mix. Dose, 30 drops every two hours.	

**Asymmetry of the Face.**

Hasse has made an interesting observation upon asymmetry of the face. He had found that the famous statue of the Venus of Milo is executed with anatomical accuracy in all essential particulars; but Henke, on the contrary, found fault, among other things, with the obliquity of the face of the Venus. Hasse has subsequently made the surprising statement that not only the Venus of Milo, but all of us have oblique faces.

This asymmetry is confined to the upper half of the face, the mouth and chin being completely symmetrical. As a rule, the left half of the skull predominates, in consequence of the stronger development of the left half of the brain, and the nose, as we all know, deviates to the right or left. Moreover, the region of the right eye is generally higher than that of the left, while the left eye is nearer the median line. The left ear, as a rule, is higher than the right. These opinions are supported by reproductions of photographs of the Venus and of living men and women.—*Deutsche med. Wochenschrift*. February 16, 1888.

**The Last of another Anæsthetic Alkaloid.**

There appears great reason to conclude that "drumine," an alleged anæsthetic alkaloid derived from the *euphorbia Drumondii*, is not only not an anæsthetic, but is not even an alkaloid. It seems to be a compound made up in great part of calcium oxalate. Such at least is the conclusion pointed to by the investigations of several contributors to a recent issue of the *Pharmaceutical Journal and Transactions*. Moreover, it is announced that the purveyors of "drumine," having found it unsatisfactory, no longer furnish it. It will be remembered that "drumine" was brought into notice by Dr. John Reid, of Melbourne. Its career is not unlike that of "gleditschine." Some of our European contemporaries have seen fit to speak of the "gleditschine" affair as "an American swindle." The *Bulletin général de thérapeutique*, commenting on the matter of "drumine," more politely refers to it as "une mystification," without any adjective denoting its Australian origin.—*N. Y. Med. Journal*, Feb. 11, 1888.

**Compulsory Vaccination.**

The following extract from *The Sanitarian* would seem to indicate that a compulsory vaccination law has its advantages: "The success of the anti-vaccinationists is aptly shown by the results in Zurich, Switzerland, where for a number of years, until 1883, a compulsory vaccination law obtained, and small-pox was wholly prevented (not a single case occurred in 1882). This result was seized upon in the following year by the anti-vaccinationists, and used against the necessity for any such law, and it seems they had sufficient influence to cause its repeal. The death returns for that year (1883) showed that for every thousand deaths two were caused by small-pox; in 1884, there were three; in 1885, seventeen; and in the first quarter of 1886, eighty-five."

**Reception to Prof. Agnew.**

A reception by the Alumni of the Medical Department of the University of Pennsylvania and the three undergraduate classes will be given to Prof. Agnew, on Tuesday, April 24, 1888, in honor of the fiftieth anniversary of his graduation. Those desiring to participate should communicate with Dr. Tyson, at the University.

**Prof. Unna's Practical Course in Dermatology.**

American medical men who are to be in Europe this year may be interested to learn that Prof. P. G. Unna, of Hamburg, intends to give a six months course on practical dermatology, beginning early in April, in which he expects to cover the whole ground of the histology, bacteriology, diagnosis and therapeutics of skin-diseases.

In a circular announcing this fact, Dr. Unna states that he hopes that his instructions, backed by the use of his abundant clinical material, will add to this specialty efficient young forces.

**Medical Society of the State of Pennsylvania.**

The Thirty-ninth Annual Meeting will be held in Philadelphia, on Tuesday, Wednesday, Thursday and Friday, June 5, 6, 7 and 8, 1888, commencing on Tuesday, June 5, at 9 A.M.

*Appointments for 1888.*—Address on Practice of Medicine: Dr. E. R. Mayer, of Wilkesbarre; address on Surgery: Dr. Jas. McCann, of Pittsburg; address on Obstetrics: Dr. Theophilus Parvin, of Philadelphia; address on Mental Disorders: Dr. Horatio C. Wood, of Philadelphia; address on Otology: Dr. B. A. Randall, of Philadelphia; address on Hygiene: Dr. Traill Green, of Easton.

*Resolutions to be acted upon.*—1. Offered by Dr. S. Solis Cohen, of Philadelphia:—"There shall annually be constituted, as the first item of business at the afternoon session of the first day, a Nominating Committee, to consist of one member named by the majority vote of the delegation of each county, who shall report, as the first item of business in the afternoon session of the second day, a list of candidates for officers and necessary committees. In the Nominating Committee each member shall cast a number of votes equal to the number of delegates from the county in actual attendance upon the session."

2. Offered by Dr. A. Enfield, of Bedford:—"The time and place of meeting shall be determined by the Nominating Committee, and the sessions shall always begin at 9 A.M., and continue for four days; and the Committee of Arrangements shall adjust papers, etc., in accordance with this by-law."

3. Offered by Dr. A. M. Pollock, of Pittsburgh:—"That the Censors of the appropriate district shall have power to determine whether a resident of one county shall be entitled to become a member of an adjacent county society which may be more convenient for him to attend."

Applications to read papers at this session should be sent *not later than April 15*, to Dr. John H. Packard, Chairman of Committee of Arrangements, 1926 Spruce street, Philadelphia.

*Secretaries of County Medical Societies* are earnestly requested to forward at once complete lists of their officers and members, giving the post-office address of each.

Every delegate, before admission, must present a certificate of delegation, signed by the President or Secretary of his County Society. Every permanent member (not a delegate), before admission, shall present a certificate of good standing in his County Society.—(*Extract from the Constitution.*)

Railroad facilities will be announced when obtained. All who desire excursion orders should notify the permanent Secretary, Dr. William B. Atkinson, Philadelphia, stating which railroad must be used.

**Association of American Medical Editors.**

The next meeting of the Association of American Medical Editors will be held in Cincinnati, Monday evening, May 7. After the address of the President, Dr. William Porter, of St. Louis, the Association will consider a plan of organization reported by a committee of which Dr. McMurtry, of Danville, Ky., is chairman. Officers for the ensuing year will be elected, and the Association will then discuss the following questions:

1. Is the multiplicity of medical journals an advantage to the profession? To be discussed by Drs. Crothers, Hartford; Sim, Memphis; Wile, Conn.; Love, St. Louis; Culbertson, Cincinnati; Cushing, Boston; Coomes, Louisville, and Gray, Chicago.

2. How far do medical journals distributed by drug houses and manufacturers interfere with regular medical journalism? To be discussed by Drs. Reynolds, Louisville; Davis, Chicago; Shoemaker, Philadelphia; Bond, St. Louis; Connor, Detroit; Kiernan, Chicago; Thacker, Cincinnati, and Fulton, St. Paul.

## NEWS.

—A new medical club, called the "Galen Club," has been founded in London.

—Dr. Charles Croker King died in London, February 25, of gangrene of the foot.

—A polyclinic has been organized in New Orleans. The first course of lectures will begin April next.

—The Fothergill prize of the Medical Society of London has been awarded to Dr. Hobart A. Hare, of Philadelphia.

—Dr. W. W. Godding, of Washington, thinks there is no truth in the popular belief that fish is of value as a brain food.

—Dr. Bayley Balfour has been appointed Professor of Botany in the University of Edinburgh. His father occupied the same chair from 1845 to 1878.

—At the 32d annual commencement of the Philadelphia College of Dental Surgery March 1, 1888, the degree of Doctor of Dental Surgery was conferred on 58 graduates.

—On December 31, there were 1,200 persons in the Philadelphia Hospital, who required medical or surgical treatment. At the same date there were 164 persons in the Pennsylvania Hospital.

—At the invitation of Dr. Thomas Wistar a reception was given at the rooms of the Penn Club, March 8, to the Board of Managers of the Philadelphia Dispensary. A number of eminent physicians either are or have been connected with this dispensary.

—Dr. W. A. Swiers, who was graduated at the Jefferson Medical College in 1883, was convicted of abortion at Brookville, Pa., on February 14, 1888, and was sentenced to pay a fine and undergo an imprisonment of five years and three months.

—A raid, says the *Lancet*, March 3, 1888, has been made on a number of persons in Frankfort who have been describing themselves as dentists and American dentists without any legal right to do so. They have been obliged by the police to take down their sign-boards.

—Dr. E. B. Halliday, alias Stevens, who says he is a graduate of the University of Vermont, was arrested February 22, in Philadelphia, on the charge of forgery. The police authorities say that Halliday left the city in 1886, after obtaining the money on a check for \$300, purporting to be from Bullock & Crenshaw, and only returned several days ago.

## HUMOR.

GENTLEMAN (to consumptive friend)—"You walk very slow, Sam." Sam—"Yes, but I'm going very fast."—*Tid-Bits*.

TALMAGE ADVERTISES for a text for his sermon before the dental convention. How about "The noise of the grinders is low?"

MRS. VERBOSE: I dread typhoid more than any disease I know of.

Mr. Verbose: Typhoid! You surprise me! I should think lock-jaw would be your *bête noir*.

MAMMA—"Look Cissy, here comes the doctor! What a favorite he is. See, even the little chickens run to meet him." Cissy—"Yes, ma, and the little ducks cry 'quack, quack!'"—*Medical Herald*, Feb. 1888.

A NEW YORK DOCTOR claims that it is not a physical necessity that men should die. It is a bad habit that men have got into, however, and a very hard one to overcome, especially when they are so ably assisted by the doctors.

AN AWFUL BLUNDER.—Druggist (in alarm)—"James, run to Mrs. Smith's at once; I've made an awful mistake!" James (seizing his hat)—"Morphine—quinine—arsenic poison—" Druggist—"No, no; she sent for ten cents' worth of one-cent stamps, and I sent her ten twos!"—*The Sun*.

JOE—"How did young Jones happen to get shot?"

Eli—"You see, he held a penny between his fingers for one of those western fellows to shoot at."

Joe—"And he got his hand shot off?"

Eli—"No; he got hit in the left foot."

THE FOLLOWING was recently turned in as a bona fide composition by an Indiana schoolboy: "The human body is made up of the head, the thorax and the abdomen. The head contains the brains, when there is any. The thorax contains the heart lungs and diaphragm. The abdomen contains the bowels of which there are five, A, E, I, O, U, and sometimes W and Y."

THE SHERIFF at Mobile, Ala., resorted to rather novel means to overpower a rebellious prisoner. Armed with a dirk, the belligerent defied the prison officials to remove him to the dark cell, whereupon a neighboring fire company was ordered to turn a stream upon him. While he was vainly attempting to dodge the ice cold water the officials rushed upon and overpowered him.

**ANXIOUS FRIEND:** "My dear fellow, what are you doing at an open window with your coat off in such bitter weather? You will certainly be sick!"

**Reckless friend:** "I hope I will; my landlord is a doctor, and if I don't give him something to do he'll put my rent up!"—*Fliegende Blätter*.

**PRACTICAL DARWINISM.**—A Paris physician, says the Paris correspondent of the *Chemist and Druggist*, February 4, 1888, asked for permission to try a new treatment for consumption on the monkeys kept in the Jardin d'Acclimation. The establishment has many such inmates suffering from phthisis, as is the case with most monkeys brought to Europe, and the doctor thought he could cure them. Although he assured the director that his treatment was perfectly harmless, the permission was refused. Some of the physician's *confrères* say the reason of the denial is probably because the medicines had not previously been tried on the monkeys' more common and less valuable brothers, namely, men.

**WHAT AILED SMITH.**—A plainly dressed man, who introduced himself as Mr. John Smith, walked into a doctor's office, and having explained his symptoms, asked the doctor how long it would take to cure him. The doctor, who had treated the visitor with every possible courtesy, replied: "You will require several years' careful treatment under my personal supervision before you are perfectly well; but I think, Mr. Smith, that you will be able to resume your labors in the bank in about two months." "Doctor, you are fooling yourself; I am not Smith the banker, but Smith the street-car driver." "Is that so. Well, my good fellow, I don't see what you came to me for. There is nothing the matter with you except that you are not a banker."—*Texas Siftings*.

#### OBITUARY.

##### S. A. FOSS, M.D.

Dr. S. A. Foss died near Pleasure Ridge Park, Kentucky, Feb. 15, in the 67th year of his age. He was graduated at the Medical Department of the University of Buffalo in 1847.

##### THOMAS F. AZPELL, M.D.

Dr. Thomas F. Azpell, of the United States Army, senior captain in the service, died at Fort Lee on March 12. Dr. Azpell was born in the city of Philadelphia, and was graduated at Jefferson Medical College in 1849. He practiced his profession in

Philadelphia until the breaking out of the Rebellion, and was said to be the first volunteer surgeon mustered into the service. After the three months' campaign he was transferred to the regular army, and subsequently rendered efficient service in the West. At the close of the war he was assigned to duty in the Shasta Valley, and remained in active service until his retirement, three years ago. His illness was very brief, as his health had been impaired by injuries which he received in the Modoc war.

##### THOMAS DELANO SWIFT, M.D.

Dr. Thomas D. Swift died in New York, March 3, in the 35th year of his age. He was graduated from the College of Physicians and Surgeons, New York, in 1879.

##### BYRON W. CHEEVER, M.D.

Professor Byron W. Cheever, A.M., M.D., Professor Metallurgy in the University of Michigan, died at Ann Arbor, March 6. He was graduated from the Medical Department of the University of Michigan in 1867.

Official list of changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from March 11, 1888, to March 17, 1888:

Major G. M. Sternberg, Surgeon, ordered to proceed to Brunswick, Ga., on official business, and upon completion of same will return to his proper station. S. O. 57, A. G. O., March 10, 1888.

First Lieutenant William D. Crosby, Assistant Surgeon, granted leave of absence for two months, with permission to apply for an extension of one month, to take effect after being ordered to a new station. S. O. 60, A. G. O., March 14, 1888.

First Lieutenant Jefferson R. Kean, Assistant Surgeon, relieved from duty at Fort Sill, Ind. Ter., and ordered for duty at Fort Robinson, Neb. S. O. 56, A. G. O., March 9, 1888.

Changes in the Medical Corps of the Navy, for the week ending March 17, 1888:

Passed Assistant Surgeon W. H. Rush, detached from Navy Yard, New York, and to Naval Hospital, Philadelphia, Pa.

Passed Assistant Surgeon, J. M. Steele, detached from Naval Hospital, Philadelphia, and to Coast Survey Steamer "Bache."

Medical Inspector A. S. Oberly, detached from Navy Yard, Portsmouth, N. H., and wait orders.

Surgeon, F. L. Du Bois, ordered to the Navy Yard, Portsmouth, N. H.

Assistant Surgeon, James Keeny, ordered to the Receiving Ship "Minnesota."

Passed Assistant Surgeon C. W. Deane, detached from Marine Rendezvous, San Francisco, and to Coast Survey Steamer "McArthur."

Assistant Surgeon, E. W. Aural, detached from Coast Survey Steamer "McArthur," and to Marine Rendezvous, San Francisco.

Passed Assistant Surgeon Clement Biddle, ordered to Naval Academy, Annapolis, Md.